

Appendix A to PLAINTIFF'S DISCLOSURE OF EXPERT

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Date of Preparation: February 20, 2018

CURRICULUM VITAE

Paul J. Gaglio, MD, FACP, AGAF, FAASLD

Professor of Medicine (in Surgery) at Columbia University Irving Medical Center

Director: Hepatology Outreach

Columbia University College of Physicians and Surgeons

Center for Liver Disease and Transplantation

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Personal Data:

Place of Birth: Bronx, NY

Citizenship: USA

Academic and Hospital Appointments:

11/2015-present	<i>Columbia University College of Physicians and Surgeons</i> Professor of Medicine (in Surgery) at Columbia University Medical Center Center for Liver Disease and Transplantation NY-Presbyterian Hospital –Columbia University Irving Medical Center Director of Hepatology Outreach Adjunct Professor, Weil-Cornell School of Medicine	NY, NY
12/2007-11/2015	<i>Albert Einstein College of Medicine</i> Montefiore-Einstein Liver Center Professor of Clinical Medicine Medical Director: Adult Liver Transplantation-Montefiore Medical Ctr Primary Liver Transplantation Physician-Montefiore Medical Ctr	Bronx, NY
7/2001-12/2007	<i>Columbia University College of Physicians and Surgeons</i> Associate Clinical Professor of Medicine (in Surgery) Associate Medical Director: Center for Liver Disease and Transplantation Medical Director: Adult Liver Transplantation	NY, NY
7/1996-6/2001	<i>Tulane University Medical School</i> Associate Professor of Clinical Medicine and Digestive Diseases: Director-Academic Hepatology Medical Co-Director, Liver Transplantation Faculty: Molecular and Cellular Biology Program	New Orleans, LA
7/1993-6/1996	<i>UMDNJ-New Jersey Medical School</i> Assistant Professor of Medicine and Digestive Diseases:	Newark, NJ

Education:

7/1984-6/1988	UMDNJ-New Jersey Medical School MD June, 1988	Newark, NJ
8/1980-6/1984	Rutgers College BA June 1984	New Brunswick, NJ

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Major: Biology Minor: Italian, Sociology

Training:

7/1991-6/1993	UMDNJ-New Jersey Medical School Digestive Diseases Fellowship Gastroenterology, Hepatology, Liver Transplantation	Newark, NJ
7/1989-6/1991	The Mount Sinai Medical Center Residency: Internal Medicine	NY, NY
7/1988-6/1989	The Mount Sinai Medical Center Internship: Internal Medicine	NY, NY

Licensure

Medical License: New York and New Jersey	1988-present
Connecticut	2016-present
Louisiana (inactive)	1996-2001

Board Certification

	<u>Initial</u>	<u>Recertification</u>
Specialty Board- <u>Internal Medicine</u>	9/91	5/2001, 11/2011
Subspecialty Board- <u>Gastroenterology</u>	11/93	5/2003, 11/2013
Subspecialty Board- <u>Transplant Hepatology</u>	11/06	11/2016

Awards and Honors

Phi Beta Kappa 1984
Henry Rutgers Honor Society 1984
Alpha Omega Alpha 1988
Sigma XI 1988
Chief Digestive Disease Fellow UMDNJ NJ Medical School 1992-1993
Surgical Houstaff Teaching Award Tulane University 2001
Fellow American College of Physicians 2001
Fellow American Gastroenterological Association 2008
Fellow American Association for the Study of Liver Disease 2014
"Best Doctors® in America" 2009-2018
Castle Connolly Top Doctors; New York Metro Area 2012-2018
Physician of the Year, New York Chapter, American Liver Foundation 2011
Marquis Who's Who In America 2013-2017

Academic Service

Course Director: AASLD-ILTS Transplant Course	AASLD 2014
Hep C Link to Care Initiative NYC: Medical Advisory Board	2007-present
Empire Liver Foundation: Medical Advisory Board	2010-present
UNOS Region 9 Liver Transplantation Regional Review Board	2001-2010
Chairman Region 9 Liver Transplantation Regional Review Board	2007-2010
NYCLT (New York Consortium for Liver Transplantation)	2001-present
NYCLT: Clinical Policies Committee, Board of Directors	2002-2005, 2007-present
NYCLT: Clinical Policies Committee Chair	2010-2012
NYCLT: Board of Directors: President	2013-2015
Region 9 Representative UNOS/OPTN Living Donor Committee	2009-2011
Steering Committee NYC Health Dept Viral Hepatitis Program	2015-present
Liver Transplantation Selection Committee: Columbia University P&S	7/01-12/07, 11/15-present
Director: Transplant Hepatology Training Program Columbia U P&S	2004-12/07
Organ Donor Council Columbia Presbyterian Medical Center	2006-12/07
Liver Transplantation Selection Committee, Montefiore	2007-2015
Organ Donor Council Montefiore Medical Center	2007-2015

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Department of Medicine Executive Committee: Columbia U P&S

2017-present

American Liver Foundation: NY Chapter Medical Advisory Committee

2017-present

Professional Organizations and Society Memberships:

American Association for the Study of Liver Disease

European Association for the Study of the Liver

American Society of Transplantation

American Liver Foundation

American Gastroenterology Association

International Liver Transplantation Society

International Hepatitis Society

United Network for Organ and Tissue Sharing; Liver Transplantation

American Federation For Medical Research

American College of Physicians

Consultative

State of Louisiana; Medicaid Subcommittee on Liver Transplantation 1996-2001

U.S. Civilian Research and Development Foundation, Grant Review 1996-2002

CPCRA (Community projects for clinical research on AIDS Hepatitis Working Group
1996- 2003

Journal Reviewer

Hepatology

Gastroenterology

Liver Transplantation

Journal of Hepatology

American Journal of Transplantation

American Journal of Gastroenterology

Journal of Clinical Gastroenterology: Associate Editor

Digestive Diseases and Sciences

Annals of Hepatology

Annals of Internal Medicine

Clinical Infectious Diseases

Journal of Medical Virology

Alimentary Pharmacology and Therapeutics

Journal of Infection and Public Health

Einstein Journal of Biology and Medicine

Journal of Clinical Medicine

Future Virology

Cleveland Clinic Journal of Medicine

Clinical Transplantation

Editorial Board

Editor: Liver Health Today

Editorial Board: Journal of Clinical and Translational Hepatology

Grant Support

Industry Sponsored Protocols:

A Phase 3b, Multicenter, Open-Label Study to Investigate the Efficacy and Safety of Ledipasvir/Sofosbuvir, With or Without Ribavirin, in HCV Infected Subjects Who Have Failed Prior Treatment With Sofosbuvir-based Therapies: RESCUE Study -GS-US-337-1746

Sponsor: Gilead Sciences

Role: Co-PI

A Multicenter, Randomized, Double-blind, Placebo-Controlled Trial of Emricasan (IDN- 6556), an Oral

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Caspase Inhibitor, in Subjects with Non-alcoholic Steatohepatitis (NASH) Fibrosis: Conatus IDN-6556-12
Sponsor: Conatus
Role: Investigator

A Phase 3, Global, Multicenter, Randomized, Open-Label Study to Investigate the Safety and Efficacy of Sofosbuvir/Velpatasvir/GS-9857 Fixed-Dose Combination for 12 Weeks and Sofosbuvir/Velpatasvir for 12 Weeks in Direct-Acting Antiviral-Experienced Subjects with Chronic HCV Infection who Have Not Received an NS5A Inhibitor: POLARIS 4: GS-US-367-1170
Sponsor: Gilead
Role: Co-PI

A Phase 3, Global, Multicenter, Randomized, Open-Label Study to Investigate the Safety and Efficacy of Sofosbuvir/Velpatasvir/GS-9857 Fixed-Dose Combination for 8 Weeks and Sofosbuvir/Velpatasvir for 12 Weeks in Subjects with Chronic Genotype 3 HCV Infection and Cirrhosis (POLARIS 3: GS-US-367-1173)
NS5A Inhibitor
Sponsor: Gilead
Role: Co-PI

A Phase 3, Global, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Investigate the Safety and Efficacy of Sofosbuvir/Velpatasvir/GS-9857 Fixed-Dose Combination for 12 Weeks in Direct-Acting Antiviral-Experienced Subjects with Chronic HCV Infection (POLARIS 1: GS-US-367-1171)
Sponsor: Gilead
Role: Co-PI

A Phase 3, Global, Multicenter, Randomized, Open-Label Study to Investigate the Safety and Efficacy of Sofosbuvir/Velpatasvir/GS-9857 Fixed-Dose Combination for 8 Weeks Compared to Sofosbuvir/Velpatasvir for 12 Weeks in Direct-Acting Antiviral-Naïve Subjects with Chronic HCV Infection (POLARIS 2: GS-US-367-1172)
Sponsor: Gilead
Role: Co-PI

A Phase IIb, double blind randomized, controlled clinical trial, to evaluate the efficacy and safety of two Aramchol doses versus placebo in patients with Non-Alcoholic Steatohepatitis (NASH)
Sponsor: Galmed
Role: Investigator

Evaluation of Donor Specific Immune Senescence and Exhaustion as Biomarkers of Operational Tolerance Following Liver Transplantation in Adults
Sponsor: NIH/HIAID
Role: Co-investigator

Educational Contributions

Specific Courses:

Albert Einstein College of Medicine

Introduction to Clinical Sciences and Physical Diagnosis	2007-2015	5-10 students
Digestive Disease Pathophysiology	2007-2015	10-20 students

Columbia University College of Physicians and Surgeons

The Body in Health and Disease	2016-2018	100 students
Paracentesis Simulator	2017-2018	35 incoming interns

Direct Teaching/Precepting/Supervising:

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- Supervision and education of junior and senior medical students, medical/surgical interns, residents, and subspecialty fellows caring for patients on the Liver Transplantation and Hepatology service regarding all aspects of Hepatology and Liver Transplantation.
 - ☐ Monthly Ward Service 4-5 hours per day 1994-present 5-10 attendees
- Supervision and education of subspecialty fellows in the performance of; liver biopsy, diagnostic and therapeutic endoscopy
 - ☐ Monthly ward service 2-3 hours per day 1994-present 2-3 attendees
- Preceptor: Liver Clinic 2015-present
 - ☐ Monthly, preceptor for Digestive Disease Fellows 4 hours per session, 6 attendees
- As the Medical Director of Liver Transplantation and Primary Liver Transplant Physician, responsibilities included the overall administration of the liver transplantation program, including all aspects of compliance, maintaining adherence to UNOS, CMS, NYCLT regulations, as well as implementing clinical and administrative protocols for the liver transplantation program.
 - ☐ Continuously 1996-2015
- Enduring Materials:
 - ☐ Slide Decks
 - Assessment of Fibrosis in Liver Disease: Empire Liver Foundation 2016
 - Coagulopathy in Liver Diseases: Empire Liver Foundation 2017

Mentorship and Trainees

Jay Cowan, MD, Advanced Hepatology Fellow	1996
Debbie Sullivan, PhD	1998-2000
Karim Nemak, MD, Advanced Hepatology Fellow	2001,2002
Kristel Hunt, MD, Advanced Hepatology and Liver Transplantation Fellow	2001-2003
Alex Novogrudsky , MD, Advanced Hepatology Fellow	2003,2004
Scott Fink, MD, Advanced Hepatology and Liver Transplantation Fellow	2005
Ilan Weisburg, MD, Advanced Hepatology and Liver Transplantation Fellow	2006
Phillipe Zamor, MD, Advanced Hepatology and Liver Transplantation Fellow	2006
Brock McDonald, MD, Advanced Hepatology and Liver Transplantation Fellow	2007
Michael Einstein, MD, Advanced Hepatology and Liver Transplantation Fellow	2007
Ari Bunim, MD, Advanced Hepatology and Liver Transplantation Fellow,	2008
Amar Thosani, MD, Advanced Hepatology and Liver Transplantation Fellow	2009
Konica Paul-Bose, MD Advanced Hepatology and Liver Transplantation Fellow	2010
Hina Zaidi, MD Advanced Hepatology and Liver Transplantation Fellow	2011
Adrienna Jirick, MD Advanced Hepatology and Liver Transplantation Fellow	2012
EiEi Soe, MD Advanced Hepatology and Liver Transplantation Fellow	2013
Nihal Patel, MD Advanded Hepatology and Liver Transplantation Fellow	2014
Huda Khaleel, MD Advanced Hepatology and Liver Transplantation Fellow	2015
Whitney Jackson, MD Advanced Hepatology and Liver Transplantation Fellow	2016
Uchenna Agbim, MD Advanced Hepatology and Liver Transplantation Fellow	2016
Jennifer Batisti, MD Advanced Hepatology and Liver Transplantation Fellow	2016-2017
Emily Schonfeld, MD Advanced Hepatology and Liver Transplantation Fellow	2016-2017
Zaid Tafesh, MD Advanced Hepatology and Liver Transplantation Fellow	2016-2017
Saurabh Mukewar, MD Advanced Hepatology and Liver Transplantation Fellow	2017-2018
Clara Tow, MD Advanced Hepatology and Liver Transplantation Fellow	2017-2018

Publications

Peer Reviewed Research Publications

1. Thompson J, Jones N, Al-Khafaji A, Gaglio P, et al VTI-208 Study Group.Extracorporeal Cellular Therapy (ELAD) in Severe Alcoholic Hepatitis - A Multinational, Prospective, Controlled, Randomized Trial. Liver Transplantation 2018;24:380-393

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2. Lubetzky, M, Soowan C, Joelson A, Coco M, Kamal L, Ajaimy M, **Gaglio PJ**, Akalin E and Deboccardo G Safety and Efficacy of Treatment of Hepatitis C in Kidney Transplant Recipients with Directly Acting Antiviral Agents Transplantation. 2017;101(7):1704-1710
3. Izzy M, Jibara G, Aljanabi A, Alani M, Giannattasio E, Zaidi H, Said Z, **Gaglio P**, Wolkoff A, Reinus JF. Limited Fibrosis Progression but Significant Mortality in Patients Ineligible for Interferon-Based Hepatitis C Therapy. J Clin Exp Hepatol. 2016;6(2):100-8
4. Zahiruddin A, Farahmand A, **Gaglio P**, Massoumi H. Clinical characteristics and response to therapy of autoimmune hepatitis in an urban Latino population. Gastroenterol Hepatol Bed Bench. 2016;9(3):225-30.
5. Jermyn R, Soe E, D'Alessandro D, Shin J, Jakobleff W, Schwartz D, Kinkhabwala M, **Gaglio PJ**. Cardiac failure after liver transplantation requiring a biventricular assist device. Case Rep Transplant. 2014;2014:946961
6. Tandan S, Sun K, **Gaglio PJ** A Rare Finding on Liver Explant. Clin Gastroenterol Hepatol. 2014 Sep;12(9):e85
7. Bichoupan K, Schwartz JM, Martert V, Giannattasio ER, Marfo K, Odin J, Liu L, Schiano T, Perumalswami P, Bansal M, **Gaglio PJ**, Kalia H, Dieterich D, Branch A, Reinus JP. Effect of Fibrosis on Adverse Events in Hepatitis C Patients treated with Telaprevir Aliment Pharmacol Ther. 2014;39:209-216.
8. Kinkhabwala M, Lindower J, Principe AL, Reinus J, **Gaglio PJ**. Expedited Liver Allocation in the US: A Critical Analysis. Liver Transplantation 2013;19(10):1159-65
9. **Gaglio PJ**, Marfo K, Chiodo J. Hyponatremia in Cirrhosis and End Stage Liver Disease: Treatment with the Vasopressin V2 Receptor Antagonist Tolvaptan: Dig Dis Sci. 2012 Nov;57(11):2774-8
10. Flattau, A, **Gaglio PJ**, et al. Social Barriers to Adult Liver Transplantation Listing: Prevalence and Association with Program Characteristics: Liver Transpl. 2011;17:1167-1175
11. Degertekin B, Han SH, Keeffe EB, **Gaglio PJ**. Impact of virologic breakthrough and HBIG regimen on hepatitis B recurrence after liver transplantation.; NIH HBV-OLT Study Group. Am J Transplant. 2011;10:1823-33
12. **Gaglio PJ**, Moss N, McGaw C, Reinus J Direct Acting Antiviral Therapy for Hepatitis C: Attitudes Regarding Future Use: Dig Dis Sci. 2011;56:1509-15.
13. Chapochnik Friedmann J, Olaywi M, Kinkhabwala M, Lu A, Bellemare S, **Gaglio PJ**, Reinus J, H. Massoumi H, Kalia H. Microwave Ablation for Hepatocellular Carcinoma in Patients with Cirrhosis and Portal Hypertension Hepato Pancreatic Biliary Dis, 2011;13,10-11
14. Feuerstadt P, Bunim AL, Garcia H, Karlitz JJ, Massoumi H, Thosani AJ, Pelliccia A, Wolkoff AW, **Gaglio PJ**, Reinus JF. Effectiveness of hepatitis C treatment with pegylated interferon and ribavirin in urban minority patients. Hepatology. 2010;51:1137-1143.
15. Bzowej N, Han S, Degertekin B, Keeffe EB, Emre S, Brown R, **Gaglio PJ**, Reddy R, Lok AS; National Institutes of Health Hepatitis B Virus Orthotopic Liver Transplantation Study Group Liver transplantation outcomes among Caucasians, Asian Americans, and African Americans with hepatitis B. Liver Transpl. 2009;15:1010-20

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16. Verna EC, De Martin E, Burra P, Neri D, **Gaglio PJ**, Emond JC, Brown Jr R The Impact of Hepatitis C and Biliary Complications on Patient and Graft Survival Following Liver Transplantation. Am J Transplant. 2009;6:1398-1405
17. Goldberg D, Weisberg I, Diuguid D, **Gaglio PJ**, Alobeid B, Fink S, Radhakrishnan J. Worth a Second Look Am J Med. 2009;122:24-6.
18. **Gaglio PJ**, Singh S, Degertekin B, Ishitani M, Hussain M, Perrillo R, Lok AS, and the NIH HBV OLT Study Group Impact of the HBV Genotype on Pre- and Post- Liver Transplantation Outcomes Liver Transpl. 2008;14:1420-7.
19. Schecter JM, Alobeid B, Mears JG, **Gaglio PJ** Anti-Erythropoietin Antibody-Mediated Pure Red Cell Aplasia In A Living Donor Liver Transplant Recipient Treated for HCV Liver Transpl. 2007;13:1589-1592.
20. **Gaglio, PJ** Richard Sterling, Eric Daniels, Ellen Tedaldi Hepatitis B-HIV Co-infection: Results of a Survey on Treatment Practices and Recommendations for Therapy Clin Infect Dis. 2007;45:618-23
21. Wong SN, Reddy KR, Keeffe EB, Han SH, **Gaglio PJ**, Perrillo RP, Tran TT, Pruett TL, Lok AS. and the NIH HBV-OLT Study Group. Comparison of clinical outcomes in chronic hepatitis B liver transplant candidates with and without hepatocellular carcinoma Liver Transpl. 2007;13:334-42
22. **Gaglio PJ**, Brown RS. Who should treat the liver transplant patients? The transplant physician, the hepatologist, or the gastroenterologist? Viewpoint: A specialized Transplant Hepatologist provides optimal management of Liver Transplant Patients. J of Hepatology 2006;44:655-657
23. Moss J, Lapointe-Rudow D, Renz JF, Kinkhabwala M, Dove LM, **Gaglio PJ**, Emond JC, Brown RS Jr. Select utilization of obese donors in living donor liver transplantation: implications for the donor pool. Am J Transplant. 2005;5:2974-81
24. Russo MW, LaPointe-Rudow D, Teixeira A, Guarrera J, Dove LM, **Gaglio P**, Emond JC, Kinkhabwala M, Brown RS Jr. Interpretation of liver chemistries in adult donors after living donor liver transplantation. J Clin Gastroenterol. 2004;38:810-814.
25. **Gaglio PJ**, Rodriguez-Torres M, Herring R, Anand B, Box T, Rabinovitz M, Brown RS; Infergen Study Group. Racial differences in response rates to consensus interferon in HCV infected patients naive to previous therapy. J Clin Gastroenterol. 2004;38:599-604.
26. **Gaglio PJ**, Brown RS, A comparison of Fibrosis Progression in Chronic Liver Disease, A Randomized Control Trial of Urso in Alcoholic Hepatitis. Reviewed in Hepatitis Index and Reviews 2003;1:1-15
27. J Vyas, RS Brown, **PJ Gaglio** Hepatitis C-HIV coinfection: current and future therapy Expert Review of Anti-infective Therapy 2003;:433-439
28. **Gaglio PJ**, Brown RS, Scope of Worldwide Hepatitis C Problem Liver Transpl 2003;9:S10-13
29. **Gaglio PJ**, Malireddy S, Levitt BS, Russo MW, Lapointe-Rudow D, Kinkhabwala M, Lefkowitz J, Emond JC, and Brown RS., Jr. Increased Risk of Cholestatic Hepatitis C in Recipients of Grafts from Living versus Cadaveric Donors Liver Transpl. 2003;9:1028-35.
30. Ellen M. Tedaldi, Kathy Huppler Hullsiek, Carlos D. Malvestutto, Roberto C. Arduino, Evelyn J. Fisher, **Paul J. Gaglio**, Elizabeth R. Jenny-Avital, Joseph McGowan, George Perez Prevalence and Characteristics of HCV Coinfection in an HIV Clinical Trials Group. The Terry Bein Community Programs for Clinical Research on AIDS (CPCRA). Clin Infect Dis. 2003;36:1313-7.

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31. **Gaglio PJ**, Brown RS. Predicting the presence of varices in cirrhotic patients without a history of variceal hemorrhage. Evidence-Based Gastroenterology 2002;3:61-62
32. Michael W. Fried, Joy Peter, Keith Hoots, **Paul Gaglio**, Donald Talbut, Prasad Mathew, P. Charleton Davis, Nigel Key, Gilbert C. White, Lauren Lindblad, Frederick Rickles, Thomas Abshire, and the Hemophilia Hepatitis Therapy Group Hepatitis C in Adults and Adolescents with Hemophilia and Inherited Coagulation Disorders: A Randomized, Controlled, Multicenter Trial of Combination Therapy with Interferon alfa-2b and Ribavirin Hepatology. 2002;36:967-972
33. **Gaglio PJ**, Baskin G, Ratterree M, Blanchard J, Cheng S, Dunne B, Liu H, Dash S, Theise N, LaBrecque D. Liver Regeneration Investigated in a non-human primate model J Hepatol. 2002;37:625-32.
34. Sullivan D, Dehaard H, Traboni C, Krasnykh V, Curiel D, **Gaglio PJ**, Mondelli M, Dash S, Gerber MA Construction and characterization of an intracellular single-chain human antibody to hepatitis C virus non-structural 3 protein. J Hepatol. 2002;37:660-8
35. Karavattathayil SJ, Kalkeri G, Liu HJ, **Gaglio P**, Garry RF, Krause JR, Dash S Detection of hepatitis C virus RNA sequences in B-cell non-Hodgkin lymphoma. Am J Clin Pathol. 2000;113:391-8.
36. **Gaglio PJ**, Dash S, Liu HJ, Cheng S, Dunne B, Baskin G, Bohm R, Blanchard J. Partial hepatectomy and laparoscopic-guided liver biopsy in rhesus macaques (Macaca mulatta): novel approach for study of liver regeneration. Comparative Medicine 2000;50:363-368
37. **Gaglio PJ**, Regenstein F, Slakey D, Cheng S, Takiff H, Thung S, Rinker R, Dick D Alpha 1 antitrypsin deficiency and splenic artery aneurysm; an association? American J Gastroenterol 2000;95:1531-1534
38. Krane NK, **Gaglio PJ** Viral Hepatitis as a cause of Renal Disease S Med Journal 1999;92:353-360
39. Simmons B, **Gaglio PJ**, Daroca P, Gerber M A 67 year old woman with gastrointestinal hemorrhage and chronic hepatitis. J La State Med Soc 1997;149:485-489
40. **Gaglio PJ**, Leevy CB, Koneru B Perioperative Chylous Ascites Journal of Medicine 1996;27:369-376
41. **Gaglio PJ**, Buniak B, and Leevy CB. Primary endoscopic retrograde cholecystoendoprosthesis, a non-surgical modality for symptomatic cholelithiasis in cirrhotic patients. Gastrointestinal Endoscopy 1996;44:339-342

Reviews, Chapters, Monographs, Editorials

42. **Gaglio PJ**, Extra and intrahepatic malignancies in patients with HCV who achieve an SVR with directly acting antiviral agents; should we be concerned that DAA therapy contributed to this phenomenon? Accepted; Journal of Clinical Gastroenterology 2017;51:657-658
43. Kalia H, **Gaglio PJ**: The Prevalence and Pathobiology of NAFLD in Patients of Different Races/Ethnicities: Clin Liver Dis. 2016 May;20:215-24.
44. **Gaglio PJ**, Guest Editor: Nonalcoholic Fatty Liver Disease. Clin Liver Dis. 2016 May
45. Chacko KR, **Gaglio PJ**. Meet the Classes of Directly Acting Antiviral Agents: Strengths and Weaknesses. Clin Liver Dis. 2015 Nov;19(4):605-17
46. **Gaglio, PJ**, Brown RS, Scott Cotler. Medical Care of the Liver Transplant Recipient. Up to Date 2010-2016

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47. **Gaglio PJ Jr, Gaglio PJ Sr** Complications in patients with alcohol-associated liver disease who undergo liver transplantation. Clin Liver Dis. 2012 Nov;16(4):865-75
48. **Gaglio PJ**, Treatment of chronic hepatitis C in a slow responder: a case for extended therapy Nature Reviews Gastroenterology and Hepatology 2009;6:372-375
49. Fink S, **Gaglio PJ**: Hepatitis C in Liver Transplant Patients Current Hepatitis Reports 2008;7:81-87
50. **Gaglio PJ**, Brown RS Jr. Liver Transplantation. *Encyclopedia of Medical Devices and Instrumentation* Copyright © 2006 by John Wiley and Sons, Inc.DOI: 10.1002/0471732877.emd161
51. **Gaglio PJ**, Brown RS Jr. Complications of Liver Transplantation. in "Zakim and Boyer's Hepatology, a Textbook of Liver Disease". 5th Edition. Editors Boyer, Wright, Manns. Saunders, Philadelphia, PA pg 961-974, 2006
52. **Gaglio PJ**, Aron J, and Brown RS. Fulminant Hepatic Failure in "Hepatology, A Practical Approach" Editors Al Knawy, Shiffman, and Weisner. Elsevier, NY pg 315-330, 2004
53. **Gaglio PJ**, Akingbola A, Bartholemew D, Vlacos M, The effect of HIV co-infection on Hepatitis C: a review J of Louisiana State Med Soc 2001;153:552-558
54. **Gaglio PJ** and Steinberg SM: Management of acute liver failure. In Sepsis and Multiple OrganDysfunction, Ed. By Deitch, Vincent and Windsor. Harcourt Publishers, London pp. 410-419, 2002.
55. **Gaglio PJ**, Steinberg S, Preoperative Management of Fulminant Hepatic Failure Adv in Gastroenterol, Hepatol, and Clin Nutrition 1998;3:298-311

Meetings/Invited Oral and Poster Presentations

56. **Gaglio PJ**, Fraij O, Colovai A, Tushaj M, Johnson-Berger L, Mahidashti R, Reinus J. HCV Recurrence Post Liver Transplantation Utilizing "Immuknow" to Guide Immunosuppression Decisions Poster NYSGE 2017
57. Izzy, M. J., Rabbenou, W., Akki, A., Tanaka, K., **Gaglio, PJ.**, & Chacko, K. . Histologic Analysis of Explants of Hepatitis C Patients who Achieved Sustained Virologic Response Prior to Liver Transplantation. *Gastroenterology*, 152(5), S1165. Poster Presentation DDW 2017
58. Izzy MN, Rabbenou W, Khaleel H, **Gaglio PJ**, Chacko K. Impact of Sustained Virologic Response on Manifestations of Portal Hypertension in Decompensated Hepatitis C Virus Cirrhosis. Am J Gastroenterol 111: S357; Poster Presentation ACG 2016
59. **Gaglio PJ**, Sapir T, Carter JD, Green L, Rusie E, Moreo K. Patterns of Care Since the Approval of New Therapies for Hepatitis C Virus (HCV) Infection: A 2013-2014 Real-World Analysis of US Community Specialty Practices Poster Presentation AASLD 2015 Hepatology 62:772A (#1141)
60. Lubetzky, M, Akalin E, **Gaglio PJ**, Debocarrdo Successful Treatment of Hepatitis C in Renal Transplant Recipients with Directly Acting Antiviral Agents Presentation ASTN 2015
61. **Gaglio PJ**, Glick C, Reinus JF. Survey on pre- and post-transplant management of hepatitis C: Response from medical directors of us transplant programs. Poster Presentation AASLD 2014 Hepatology 60:544A (#708), 2014.

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62. **Gaglio PJ**, Rabbenou W, Florman S, Kato T, Kinkhabwala M, Morgan G, Orloff M, Sheiner P, Teperman L, Delair S. Utilization of simultaneous liver-kidney transplants continues to vary dramatically by UNOS region. Poster Presentation AASLD 2014 Hepatology 60:371A (#342), 2014.
63. Kumar A, Kooragayalu S, **Gaglio PJ** Hilar Cholangiocarcinoma (Klatskin's Tumor) In a Patient with Hepatitis C Cirrhosis Poster Presentation ACG 2014
64. Manhal Olaywi, Aws Aljanabi, Jeffrey Turner, Mustafa Al Ani, **Paul Gaglio**, John Reinus, Enver Akalin, Graciela de Boccardo. Portal Hypertension in cirrhotic patients can cause renal glomerular injury; A case series of patients listed for liver transplantation. Poster presentation ACG 2013
65. Kinkhabwala M, Lindower J, Principe AL, Reinus J, **Gaglio PJ**. Expedited Liver Allocation in the US: A Critical Analysis. Poster Presentation AST 2013
66. **Gaglio PJ**, Florman S, Kato T, Kinkhabwala M, Morgan Glyn, Orloff Mark, Sheiner P, Teperman L, Delair S. Utilization of Simultaneous Liver-Kidney Transplants Varies Dramatically by Region American J of Transplantation 2012;S3:A1651 *Poster session American Transplant Congress*
67. **Gaglio PJ**, Florman S, Kato T, Kinkhabwala M, Morgan Glyn, Orloff Mark, Sheiner P, Teperman L, Delair S. Utilization of Simultaneous Liver-Kidney Transplants Varies Dramatically by Region Hepatology 2011;54:S1A11 *Presented at Liver Transplantation Plenary Session AASLD 2011*
68. Rahimi E, Olaywi MJ, Reinus J, **Gaglio PJ**, Kalia H, Norkus E, Massoumi H Safety and Efficacy of Loco-Regional Treatment Modalities of Hepatocellular Carcinoma in a Geriatric Population 2011 Gastroenterology;140, Issue 5, Supplement 1, S-923-S-924 *Presented at DDW 2011*
69. Akerman S, **Gaglio PJ**: Gender Outcomes and Response to Therapy in Patients with Primary Biliary Cirrhosis Assessed by Patient Gender *Presented at DDW 2010*: Gastroenterology 2010;138:A375
70. **Gaglio PJ**, Elizabeth C. Verna, Eleonora DeMartin, Dianne Lapointe-Rudow, , Jay Lefkowitz, Milan Kinkhabwala, Jean C Emond, John F. Renz, and Robert S. Brown, Jr. Cholestatic Hepatitis C in Recipients of Grafts from Living Versus Deceased Donors Hepatology 2006;44A *Presented at Plenary Session AASLD*
71. Reddy R, **Gaglio PJ**, Keefe E, Soldevilla-Pico C, Emre S, Ishitani M, Fung S, Lok A. Characteristics and Outcomes following Liver Transplantation (OLT) in Patients with HBV-related Hepatocellular Carcinoma (HCC): Data from the US HBV-OLT Study Hepatology 2005;42A108 *presented plenary session AASLD*
72. **Gaglio PJ**, Choi J, Zimmerman D, Heller L, Brown RS. Weight Based Ribavirin in Combination with Pegylated Interferon Alpha 2-B Does not Improve SVR In HCV Infected Patients who Failed prior therapy: Results in 454 patients Hepatology 2005;42A59 *Presented Plenary Session AASLD*
73. **Gaglio PJ**, Verna E, Novogrudsky A, Lefkowitz J, Kinkhabwala M, Emond JC, Brown RS. Cholestatic Hepatitis C in Patients with Biliary Obstruction after Deceased and Living Donor Liver Transplantation: Poor Outcomes Despite Therapy. Hepatology 2004;4A451 *Poster Presentation AASLD*
74. **Gaglio PJ**, Malireddy S, Levitt B, Rudow D, Lefkowitz J, Kinkhabwala M, Russo M, Emond J, Brown RS. Increased Risk of Cholestatic Hepatitis C in Recipients of Grafts from Living versus Cadaveric Liver Donors Hepatology 2003;38:A9 *Presented Plenary Session American Transplant Congress*

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75. Hunt K, **Gaglio PJ**, Arons R. Ethnic difference in the prevalence of NASH in the United States-Findings from the third national health and nutrition examination survey. Gastroenterology 2003;124:A221 Presented at DDW
76. **Gaglio PJ**, Liu H, Dash S, Dunne BP, Ratterree M, Restoration of Liver Surface Area Correlated to Ki-67 Expression following 60% partial Hepatectomy in a Rhesus Macaque Hepatology 2001;34 A 193 Poster Presentation AASLD
77. **Gaglio PJ**, Baskin G, Bohm R, Blanchard J, Cheng S, Dunne B, Liu H, Dash S. Partial Hepatectomy and Laparoscopic Guided Liver Biopsy in Rhesus Macaques (Macacca Mulatta): A Novel Approach to Study Liver Regeneration Hepatology 2000;32:A1254 Poster Presentation AASLD

Abstracts:

78. **Gaglio PJ**, Sapir T, Carter JD, Green L, Rusie E, Moreo K. Patterns of Care Since the Approval of New Therapies for Hepatitis C Virus (HCV) Infection: A 2013-2014 Real-World Analysis of US Community Specialty Practices Poster Presentation AASLD 2015 Hepatology 62:772A (#1141)
79. Izzy MN, Rabbenou W, Khaleel H, **Gaglio PJ**, Chacko K. Impact of Sustained Virologic Response on Manifestations of Portal Hypertension in Decompensated Hepatitis C Virus Cirrhosis. Am J Gastroenterol 111: S357; Poster Presentation ACG 2016
80. Lubetzky, M, Akalin E, **Gaglio PJ**, Debocarro Successful Treatment of Hepatitis C in Renal Transplant Recipients with Directly Acting Antiviral Agents Presentation ASTN 2015
81. **Gaglio PJ**, Glick C, Reinus JF. Survey on pre- and post-transplant management of hepatitis C: Response from medical directors of us transplant programs. Poster Presentation AASLD 2014 Hepatology 60:544A (#708), 2014.
82. **Gaglio PJ**, Rabbenou W, Florman S, Kato T, Kinkhabwala M, Morgan G, Orloff M, Sheiner P, Teperman L, Delair S. Utilization of simultaneous liver-kidney transplants continues to vary dramatically by UNOS region. Poster Presentation AASLD 2014 Hepatology 60:371A (#342), 2014.
83. Kumar A, Kooragayalu S, **Gaglio PJ** Hilar Cholangiocarcinoma (Klatskin's Tumor) In a Patient with Hepatitis C Cirrhosis Poster Presentation ACG 2014
84. M Olaywi, M Al Ani, H Zaidi, Y Golowa, J Cynamon, **P Gaglio**. TIPS Revision For Post TIPS Hepatic Encephalopathy: Techniques and Efficacy. Poster presentation ACG 2013
85. Manhal Olaywi, Aws Aljanabi, Jeffrey Turner, Mustafa Al Ani, **Paul Gaglio**, John Reinus, Enver Akalin, Graciela de Boccardo. Portal Hypertension in cirrhotic patients can cause renal glomerular injury; A case series of patients listed for liver transplantation. Poster presentation ACG 2013
86. Kinkhabwala M, Lindower J, Principe AL, Reinus J, **Gaglio PJ**. Expedited Liver Allocation in the US: A Critical Analysis. Poster Presentation AST 2013
87. **Gaglio PJ**, Florman S, Kato T, Kinkhabwala M, Morgan Glyn, Orloff Mark, Sheiner P, Teperman L, Delair S. Utilization of Simultaneous Liver-Kidney Transplants Varies Dramatically by Region American J of Transplantation 2012;S3:A1651 Poster session American Transplant Congress
88. **Gaglio PJ**, Florman S, Kato T, Kinkhabwala M, Morgan Glyn, Orloff Mark, Sheiner P, Teperman L, Delair S. Utilization of Simultaneous Liver-Kidney Transplants Varies Dramatically by Region Hepatology 2011;54:S1A11 Presented at Liver Transplantation Plenary Session AASLD 2011

Appendix A to PLAINTIFF'S DISCLOSURE OF EXPERT

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89. Rahimi E, Olaywi MJ, Reinus J, **Gaglio PJ**, Kalia H, Norkus E, Massoumi H Safety and Efficacy of Loco-Regional Treatment Modalities of Hepatocellular Carcinoma in a Geriatric Population 2011 Gastroenterology;140, Issue 5, Supplement 1, S-923-S-924 Presented at DDW 2011
90. Chapochnik Friedmann J, Olaywi M, Kinkhabwala M, Lu A, Bellemare S, **Gaglio PJ**, Reinus J, H. Massoumi H, Kalia H. Microwave Ablation for Hepatocellular Carcinoma in Patients with Cirrhosis and Portal Hypertension Hepato Pancreatico Biliary , Volume 13, Supplement 1, March 2011, Pages 10-11
91. Akerman S, **Gaglio PJ**: Gender Outcomes and Response to Therapy in Patients with Primary Biliary Cirrhosis Assessed by Patient Gender Presented at DDW 2010: Gastroenterology 2010;138:A375
92. Bunim A, Karlitz J, Massoumi H, Garcia D, Thosani A, Pellecchia A, **Gaglio PJ**, Reinus JR Effectiveness of Hepatitis C Treatment with Pegylated Interferon and Ribavirin in an Urban Patient Population Hepatology 2008;48:A1321
93. Fink S, Verna E, DeMartin E, Burra P, **Gaglio PJ**, Emond JC, Brown RS. Impact of weight and body mass index on biliary complications, graft loss, rejection, and survival post orthotopic liver transplantation Amer J of Transplantation 2008;2:A310
94. **Gaglio P**, Lok A et. al HBV Genotype C is associated with higher rates of HCC and post-liver transplant (LT) mortality compared to genotypes A, B and D Hepatology 2007;A167
95. **Gaglio PJ**, Elizabeth C. Verna, Eleonora DeMartin, Dianne Lapointe-Rudow, , Jay Lefkowitz, Milan Kinkhabwala, Jean C Emond, John F. Renz, and Robert S. Brown, Jr. Cholestatic Hepatitis C in Recipients of Grafts from Living Versus Deceased Donors Hepatology 2006;44A
96. **Gaglio PJ**, Sterling R, Daniels E, Tedaldi E. HBV-HIV Co-infection: Results of a Survey on Treatment Practices Hepatology 2005;42A1345
97. Reddy R, **Gaglio PJ**, Keefe E, Soldevilla-Pico C, Emre S, Ishitani M, Fung S, Lok A. Characteristics and Outcomes following Liver Transplantation (OLT) in Patients with HBV-related Hepatocellular Carcinoma (HCC): Data from the US HBV-OLT Study Hepatology 2005;42A108 presented AASLD
98. **Gaglio PJ**, Choi J, Zimmerman D, Heller L, Brown RS. Weight Based Ribavirin in Combination with Pegylated Interferon Alpha 2-B Does not Improve SVR In HCV Infected Patients who Failed prior therapy:Results in 454 patients Hepatology 2005;42A59
99. **Gaglio PJ**, Verna E, Novogrudsky A, Lefkowitz J, Kinkhabwala M, Emond JC, Brown RS. Cholestatic Hepatitis C in Patients with Biliary Obstruction after Deceased and Living Donor Liver Transplantation: Poor Outcomes Despite Therapy. Hepatology 2004;4A451
100. Renz JF, Kinkhabwala M, Jan D, Lobritto S, **Gaglio PJ**, Dove L, Lapointe-Rudow D, Bellemare S, Varadarajan R, Brown RS, Emond JC. Systematic use of Live Donor Liver Transplantation: Differential Impact on Children and Adults. Hepatology 2004;4:A108
101. **Gaglio PJ**, Park J, Lefkowitz J, Emond J, Brown RS. Treatment of Acute Cellular Rejection with High Dose Steroids, but not Modulation of Baseline Immunosuppression is Associated with Severe HCV Recurrence in Both Living and Deceased Donor Liver Transplant Recipients Hepatology 2003;38:A1028
102. **Gaglio PJ**, Zimmerman D, Choi D, Heller L, Brown RS. Treatment with Pegylated Interferon Alpha 2B and Ribavirin Produces Significant Sustained Virologic Response Rates in HCV infected Patients who Failed Previous Therapy Hepatology 2003;38:A329

Appendix A to PLAINTIFF'S DISCLOSURE OF EXPERT

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103. **Gaglio PJ**, Malireddy S, Levitt B, Rudow D, Lefkowitz J, Kinkhabwala M, Russo M, Emond J, Brown RS. Increased Risk of Cholestatic Hepatitis C in Recipients of Grafts from Living versus Cadaveric Liver Donors Hepatology 2003;38:A9
104. **Gaglio PJ**, Brown M, Zimmerman D, Choi J, Heller L. Treatment with Pegylated Interferon alpha 2B and Ribavirin produces significant sustained virologic response rates in HCV infected patients who failed prior therapy Gastroenterology 2003;124:A1210
105. Hunt K, **Gaglio PJ**, Arons R. Ethnic difference in the prevalence of NASH in the United States- Findings from the third national health and nutrition examination survey. Gastroenterology 2003;124:A221
106. Moss J, Chandra A, **Gaglio PJ**, Hafliger S, Dove L, Lobritto S, Jacobson I, Brown R. Aggressive Psychiatric Intervention based on clinical suspicion, not standardized depression scores increases adherence to Pegylated interferon and Ribavirin therapy for hepatitis C. Gastroenterology 2003;124:A216
107. **Gaglio PJ**, Vyas J, Guarrera J, Bellemare S, Kinkhabwala M, Lapointe-Rudow D, Brown RS, Emond J, Pentoxifylline attenuates liver injury following living donor liver transplantation: a case control study Hepatology 2002;36 A2026
108. Donovan M, Russo M, Kim P, Kinkhabwala M, McCarthy J, **Gaglio PJ**, Hafliger S, Brown RS, Emond J. Risk factors for neurological complications following liver transplantation Hepatology 2002;36 A1987
109. **Gaglio PJ**, Brown M, Zimmerman D, Choi J, Dove L, Brown RS Pegylated interferon alpha 2b and Ribavirin for HCV infected patients who failed prior therapy: interim sustained response data Hepatology 2002;36 A1650
110. **Gaglio PJ**, Malireddy S, Russo M, Lapointe-Rudow D, Emond J, Brown RS. Hepatitis C recurrence in recipients of grafts from living versus cadaveric liver donors. Hepatology 2002;36 A407
111. **Gaglio PJ**, Brown M, Zimmerman D, Choi D, Brown RS Racial differences in response to Peg-intron and Ribavirin in HCV infected patients who failed previous therapy Gastroenterology 2002;122:A1378
112. **Gaglio PJ**, Liu H, Dash S, Dunne BP, Ratterree M, Restoration of Liver Surface Area Correlated to Ki-67 Expression following 60% partial Hepatectomy in a Rhesus Macaque Hepatology 2001;34 A 193
113. Ghalib R, Levine C, Stribling R, Kadhim T, **Gaglio PJ** et al. Symptom Development and Management in Patients with Chronic Hepatitis C on Pegylated Interferon and Ribavirin Therapy Hepatology 2001;34 A 1710
114. Freid M, Peter J, **Gaglio PJ**, Talbut D, Davis P, Rickles F, Abshire T. Hepatitis C in Adults and Adolescents with Inherited Coagulation Disorders in the United States: Results of a Randomized Multicenter Trial of Combination Therapy (Interferon and Ribavirin). Hepatology 2001;34 A 278.
115. **Gaglio PJ**, Regenstien FG, Vlacos MN, Bartholomew D. Pegylated Interferon and Ribavirin for the treatment of HCV infected patients who failed previous therapy. Hepatology 2001;34 A 1619.
116. Box T, Boschert M, Bowers J, Hutson W, Thomason R, Christiansen J, **Gaglio PJ** "ALT Flare" with Daily Infergen Treatment of Chronic Hepatitis C Hepatology 2000;32:A1625

Appendix A to PLAINTIFF'S DISCLOSURE OF EXPERT

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117. **Gaglio PJ**, Vlacos M, Bartholomew D. Therapy with Intron A with or without Ribavirin in Hepatitis C Virus (HCV) Infected Patients with Hemophilia Hepatology 2000;32:A1577
118. Freid M, Hoots K, Peter JA, Sullivan K, David C, **Gaglio PJ**, Talbit DC, Key N, Rickels F, Abshire T. Initial Response to Combination Therapy (Interferon A-2B and Ribavirin) for Treatment of Adolescents and Adults with Inherited Coagulation Disorders and Chronic Hepatitis C.Hepatology 2000;32:A772
119. **Gaglio PJ**, Vlacos MN, Bartholemew D, Randazzo P. Induction Therapy Using 9 vs 15 mcg of Infergen Daily For Hepatitis C Infected Patients who have Failed Previous Interferon Therapy Gastroenterology 2000;118:A6538
120. **Gaglio PJ**, Vlacos MN, Bartholemew D, Randazzo P. Daily Induction Therapy Followed by Every Other Day Dosing with Infergen for HCV Patients Naïve to Interferon Therapy. Gastroenterology 2000;118:A6537
121. **Gaglio PJ** The role of ultrasound prior to percutaneous liver biopsy. J of Investigative Medicine 2000;48:A780
122. **Gaglio PJ**, Baskin G, Bohm R, Blanchard J, Cheng S, Dunne B, Liu H, Dash S. Partial Hepatectomy and Laparoscopic Guided Liver Biopsy in Rhesus Macaques (Macacca Mulatta); A Novel Approach to Study Liver Regeneration Hepatology 2000;32:A1254
123. Box T, Boschert M, Bowers J, Desautels S, Hutson W, Thomason I, Christiansen J, Rose K, **Gaglio PJ** ALT Elevation with Interferon Induction Therapy: A Comparison of Intron A vs Infergen Gastroenterology 2000;118:A6478
124. Sullivan D, Dehaard H, Traboni C, Krasnykh V, Curiel D, **Gaglio PJ**, Mondelli M, Dash S, Gerber MA Intracellular Single chain Antibodies (SFV) to HCV Non-Structural Proteins As Antiviral Agents Hepatology 1999;30:A993
125. **Gaglio PJ**, Dash S, Liu HJ, Cheng S, Dunne B, Baskin G, Bohm R, Blanchard J. Liver Regeneration Investigated in a Primate Model Hepatology 1999;30:A383
126. Baum A, , Iftikhar S, Bulat R, Shahadi-Asiz M, **Gaglio PJ** Gastric post transplant lymphoproliferative disorder presenting with massive gastrointestinal bleeding four years after a heart transplant Amer J of Gastroenterol 1999;2697:A479
127. **Gaglio PJ**, Yap KP, Rinker R, Bowdish B, Vlacos MN, Bartholemew D. A proposal that normal values for serum ALT should be adjusted for gender and body mass index. Hepatology 1999;30:A2104
128. **Gaglio PJ**, Rubio M, Liu HJ, Vlacos M, Bartholemew D, Regenstein FG Liver Regeneration is impaired in patients with Hepatitis C induced cirrhosis and ETOH abuse Hepatology 1999;30:A1740
129. Dash S, Kalkeri G, **Gaglio PJ**, Garry RF, Gerber MA. Assembly of Virus like particles in cells trasnsfected with full length HCV RNA from infectious HCV CDNA Hepatology 1999;30:A174
130. Karavattathayyil S, Kalkeri G, **Gaglio PJ**, Garry RF, Krause J, Dash S Detection of Hepatitis C Virus RNA Sequences in Patients with B-Cell Non-Hodgkin's Lymphoma Am J Clin Pathol 2000;113:391-8
131. Dash S, Rege TA, Tsuji H, **Gaglio PJ**, Garry RF, Saxena R, Thung S HCV RNA levels in Hepatocellular carcinomas and adjacent Non-tumorous Liver J Virol Methods 2000;90:15-23

Appendix A to PLAINTIFF'S DISCLOSURE OF EXPERT

15

132. **Gaglio PJ**, Regenstein F, Slakey D, Cheng S, Takiff H, Rinker R, Dick D Alpha-1 Antitrypsin Deficiency and Splenic Artery Aneurysm rupture; an association? Hepatology 1998;28:A755 5/98
133. **Gaglio PJ**, Liu HJ, Dash S, Baskin G Ki-67 Expression Accurately Reflects Hepatocyte Regeneration In Non-Human Primates Hepatology 1998;28:A1445
134. **Gaglio PJ**, Lambiase LR, Haque S, Steinberg S, Akingbola Is Cholecystitis Associated with Helicobacter Pylori Infection? Hepatology 1997;26(4)pt2A:1529
135. **Gaglio PJ**, Haque S, Akingbola A., and Gerber MA Fulminant Hepatic Failure Due To HCV in an immunocompromised Patient: A CD4 Lymphocyte Sequestration Phenomenon Hepatology 1997;26(4)pt2:A1528
136. Leevy CB, **Gaglio PJ**, Koneru B, Zeirer K Hemopoiesis in end stage liver disease Gastroenterology 112:A1317, 1997
137. Leevy CB, **Gaglio PJ**, Zweil P, and Patel M. Pharmacologic therapy for Mallory bodies in liver disease. Gastroenterology 108:1108A, 1995
138. **Gaglio PJ**, Leevy CB, Koneru B, and Baker H. Macrocytic megaloblastic anemia refractory to therapy in end stage liver disease; an indication for transplantation. Hepatology 18:1096A,1993
139. **Gaglio PJ**, Leevy CB, Koneru B, and Zweil P. Detection of subclinical liver injury. Clin. Res. 41:353A, 1993
140. **Gaglio PJ**, Leevy CB, Koneru B, and Baker H. Macrocytic megaloblastic anemia refractory to therapy in end stage liver disease; an indication for transplantation. Hepatology 18:1096A,1993

Invited Prentations and Grand Rounds (selected from 2013) :

1. 5/2018: Update on the Management of Common GI, Pancreas and Liver Disorders Rutgers 24th Annual GI Symposium Assessment of Abnormal Liver Tests New Brunswick NJ
2. 5/2018 Hackensack University Medical Center NAFLD Update 2018, Hackensack NJ
3. 3/2018 Howard University Med Ctr, HCV: Update 2018 Washington DC
4. 2/2018 Lawrence Hospital Medical Grand Rounds HCV: Linkage to Care Bronxville NY
5. 1/2018 St Joseph's Hospital Medicine Grand Rounds HCV: Linkage to Care Yonkers NY
6. 10/2017 NYP-Surgery Lecture Series: NALFD: 2018, Westchester NY
7. 9/2017 NYP-Surgery Lecture Series: NALFD: Update 2018, Rockland NY
8. 8/2017 Emerging Topics in Liver Disease; Houston Methodist Medical Therapy of Obesity
9. 8/2017 Emerging Topics in Liver Disease; Houston Methodist Treatment of HCV DAA Failures
10. 7/2017 West Midtown Medical Group HCV Expert Management
11. 7/2017 St Josephs Medical Center Yonkers NY HCV Management and Treatment Overview
12. 6/2017 West Midtown Medical Group HCV Management and Treatment: Special Populations
13. 5/2017 Harlem United HCV Management and Treatment: Overview and Discussion
14. 5/2017 Harlem United HCV Management and Treatment: Special Populations
15. 5/2017 CUMC Transplant Lunch and Learn: Portal Hypertension and Liver Transplantation

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16. 4/2017 Update in Hepatology/Westchester MD Group: HCV: What You Need to Know in 2017
17. 4/2017 West Midtown Medical Group HCV Management and Treatment: Overview and Discussion
18. 3/2017 Day-In-The-Gut Montefiore Medical Center: Update on NAFLD and NASH
19. 12/16 Update in GI/Hepatology/Clinical Nutrition NYP: HCV: Updates in Difficult to Treat Patients
20. 12/16 Westchester GI Grand Rounds: HCV Update 2016
21. 12/16 Westchester Heath GI Journal Club: Update on NAFLD
22. 10/16 Medicine Grand Rounds NYP-Hudson Valley: Hepatitis C Update 2016
23. 10/16 Asian Health Foundation, NYC: HCC Surveillance and Therapy
24. 10/16 Charles B Wang Community Health Center, NYC HCV: What's New in 2016
25. 9/16 Robert Wood Johnson GI-Hepatobiliary Course: Evaluation of Abnormal Liver Tests
26. 9/16 Robert Wood Johnson GI-Hepatobiliary Course: Liver Mass Evaluation
27. 6/16 Westchester County Grand Rounds: HCV Update 2016
28. 6/16 American Medicaid Pharmacy Administrations Association: HCV: Update on Diagnosis and Therapy
29. 4/16 Washington Heights Medical Group HCV Screening and Linkage to Care
30. 4/16 Bronx HCV Task Force: Post Conference Update from EASL
31. 2/16 Columbia University Medical Center GI Grand Rounds: Controversies in HCV Management
32. 2/16 SUNY Downstate: GI Grand Rounds Chronic HCV Treatment Guidelines
33. 1/16 Harlem United: Chronic HCV Treatment Guidelines
34. 12/15 NYSGE: Update on HCV: cirrhosis, compensated and decompensated
35. 12/15 NYSGE: Are Challenging HCV Patients Still Challenging?
36. 12/15 Update in GI/Hepatology/Clinical Nutrition NYP: Challenging Viral Hepatitis Case Studies
37. 11/15 St John's Riverside Medical Grand Rounds Fatty Liver Disease; Update 2015
38. 10/15 St Barnabas Medical Center, Bronx NY Liver Transplantation; What the Internist Needs to Know
39. 8/15 ASGE: GI Fellows Course: Treatment of Hepatic Encephalopathy
40. 5/15 American College of Physicians; Boston, MA : HCV Therapy 2015
41. 4/15 Pri-Med Annual Conference Management of Hepatic Encephalopathy
42. 4/15 Medicine Grand Rounds; Jacobi Medica Center, Bronx NY HCV; Past, Present, and Future
43. 1/15 GI Grand Rounds Montefiore Medical Center: Management of HCV
44. 12/14 GI Grand Rounds: Lincoln Hospital: Mangement of Chronic HBV
45. 11/14 Bridgeport Hospital GI Grand Rounds: HCV: interferon free regimens
46. 11/14 Advanced Interventional Management Symposium : Complications of Liver Transplant
47. 11/14 Advanced Interventional Management Symposium : Managing the Difficult Post TIPS Pt
48. 9/14 Emerging Topics in GI and Hepatology, Methodist Hospital Houston, HBV Update 2014
49. 8/14 ASGE GI Fellows Course An Update on Hepatic Encephalopathy
50. 7/14 COPE Grand Rounds: HCV and Liver Transplantation
51. 6/14 GI Grand Rounds; Montefiore Medical Center: Update on NAFLD

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52. 6/14 Transplantation Grand Rounds; Montefiore Med Ctr Renal Replacement Therapy and Liver Transplantation
53. 6/14 GI & Liver Associates of the Americas Annual Meeting: Hepatic Encephalopathy
54. 6/14 Renal Replacement Therapy: Montefiore Medical Center: RRT and Liver Transplantation
55. 5/14 Infectious Disease Grand Rounds, Lincoln Hospital, Bronx, NY Update on HBV
56. 5/14 Hepatitis Management State of the Art: NYC 2014: Stratify HCV Therapy
57. 5/14 Medicine Grand Rounds: Wakefield Div Montefiore: Liver Transplantation Update 2014
58. 4/14 American College of Physicians National Meeting: Update on Hepatic Encephalopathy
59. 2/14 Medical Rounds: Montefiore Medical Center: Acute Liver Failure
60. 2/14 Transplantation Grand Rounds: Montefiore Med Ctr, Management of Portal HTN
61. 12/13 Liver Transplantation Grand Rounds, Montefiore Med Ctr: HCV: what is new?
62. 11/13 NS-LIJ Digestive Disease Symposium, Management of HCC, 2013
63. 11/13 Advanced Interventional Management Symposium NY, NY Indications and Contraindications for Liver Transplantation in Patients with Malignancy
64. 11/13 Emergency Medicine Grand Rounds, Montefiore: Liver Transplantation Complications
65. 10/13 Medicine Grand Rounds, Coney Island Hospital: HCV, Past, Present, Future
66. 10/13 Medicine Grand Rounds St Barnabas Medical Center Bronx: Portal HTN
67. 10/13 Medicine Grand Rounds Sound Shore Medical Center, NY: Hepatic Encephalopathy
68. 9/13 Surgery Grand Rounds, Montefiore Medical Center: Management of Portal HTN
69. 9/13 GI Grand Rounds Rutgers Medical School, Newark NJ: Portal HTN Therapy
70. 7/13 Primary Care Grand Rounds Montefiore Medical Center: HBV for Primary Care
71. 6/13 Medicine Grand Rounds Coney Island Hospital: Management of Portal HTN
72. 6/13 GI Grand Rounds: Bronx Lebanon Hospital: HCV Management in Cirrhosis
73. 6/13 SICU In-Service: Montefiore Medical Center ELAD in Liver Failure
74. 4/13 Gelfand Lecture: Rutgers University: Liver Disease and Cirrhosis
75. 4/13 Montefiore Primary Care Grand Rounds: HCV for Primary Care
76. 4/13 GI Grand Rounds Downstate Medical Center NY Update on Hepatic Encephalopathy
77. 3/13 Critical Care Grand Rounds Montefiore Medical Center Liver Transplantation
78. 1/13 Medicine Grand Rounds Montefiore Medical Center: HCV Update 2013



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LEGAL FEES FOR PAUL J. GAGLIO, MD

DESCRIPTION OF SERVICES

FEE

Retainer Fee (will be subtracted from bill)	\$1,500
Medical Record, Laboratory Liver Biopsy Review, Meetings	\$500.00 per hour
Medical Exam	\$2500
Document preparation	\$500.00 per hour
Phone calls/ e-mail	\$300.00 per hour (75\$ each 15 minutes)
Depositions (pre-payment for minimum 1 hour required)	\$1500.00 per first hour \$1,000.00 per any part additional hour
Court Testimony (local-no out of town travel)	\$7500.00 per day
Court Testimony (travel required)	\$10,000 per day

Please feel free to contact me should you have any further questions or if I can be of assistance in any way.

Sincerely,

Paul J Gaglio, MD, FACP, AGAF, FAASLD
Director of Hepatology Outreach
Columbia University College of Physicians and Surgeons
Center for Liver Disease and Transplantation
NY Presbyterian Hospital- Columbia University Medical Center

Virginia Department of Corrections

Guideline for Chronic Hepatitis C Diagnosis/Management

I. Introduction

This guideline reviews the diagnosis of Hepatitis C, the process for referring offenders who have been diagnosed with chronic Hepatitis C for curative treatment with Direct Acting Antiviral drugs and the monitoring of offenders who are not eligible for treatment as well those who have completed treatment. It does not address all aspects of the medical management of offenders with Chronic Active Hepatitis C and Cirrhosis. The Virginia Department of Corrections (VADOC) has an MOA with the VCU Medical Center Hepatology group to evaluate and provide medications for treatment with Direct Acting Antiviral drugs for Chronic Hepatitis C Infection. Management of Hepatitis C takes place over telemedicine by a Nurse Practitioner employed at VCU Medical Center. Requests for approval to refer for treatment should be sent by email to the Chief Physician. A response will be sent by email indicating whether or not the offender is approved for referral. Offenders with more advanced liver disease will be approved for treatment. This will be determined by the AST Platelet Ratio Index (APRI) and/the Fib-4 score. The formula for calculating the APRI and the Fib-4 score is given in section IV below. Offenders who have indeterminate APRI/FIB-4 results will require additional testing to determine severity of their liver disease. The decision to initiate treatment will be based on HCV disease severity, demonstration of willingness to avoid at risk behavior, and having sufficient time remaining in the VADOC to complete the evaluation, treatment, and follow-up. A subset of offenders with decompensated cirrhosis who have controlled ascites and/ or controlled encephalopathy are eligible for treatment while offenders with more advanced decompensation are not eligible for treatment. See section IV for details on which offenders with decompensated cirrhosis are eligible for treatment.

When treatment is approved, it will take place at a facility with 24-hour Nursing staff so the medication can be given by Directly Observed Therapy. Individuals who will undertake medication treatment will be transferred to one of these facilities for the duration of treatment. Transfer should not be arranged until treatment has been approved/ or recommended by the consultant and the offender agrees to be treated. Once treatment has started, a medical hold should be placed so the offender will not transfer during treatment.

Information regarding medications and treatment regimens used to treat Hepatitis C are outlined in the American Association for the Study of Liver Disease (AASLD) Recommendations for Testing, Managing, and Treating Hepatitis C.

II. Diagnosis

A. Antibody Test—Testing for anti-HCV antibodies is the first screening test that should be done to evaluate for HCV Infection.

1. If this is negative then no further evaluation is needed except as noted in #2 and #3.
2. If the offender may have been exposed to Hepatitis C in the past 6 months, repeat HCV AB test in 6 months.
3. If the offender is Immune Compromised, check HCV RNA in addition to HCV Ab test.

B. HCV RNA Assay—this should be done if the HCV Antibody test is positive or if the patient has a reason for a false-negative antibody test such as immune compromise. A Quantitative HCV RNA Assay should be performed as this is more sensitive than a qualitative assay.

C. Interpretation-

1. A positive anti-HCV AB test confirms prior exposure to the Hepatitis C virus. It does not confirm chronic infection.
2. A positive HCV RNA Assay confirms the presence of hepatitis C genetic material and confirms the presence of chronic infection.
3. A positive Antibody test with a negative HCV RNA Assay suggests prior infection that has cleared spontaneously or with prior treatment, or a false-positive antibody test. If a quantitative HCV RNA assay is undetectable the test should be repeated in 6 months to confirm absence of infection.

III. Screening for Hepatitis C

Screening for Hepatitis C should be done by performing an anti-HVC Antibody test and should take place in the following circumstances:

A. At intake offender who are identified as having risk factors for Hepatitis C should have testing for anti-HCV Ab. Risk factors include:

1. History of IV Drug use or shared equipment (such as with intranasal use of illicit drugs)
2. HIV Virus Infection
3. Chronic Hepatitis B infection
4. Received donated blood transfusion prior to 1992
5. Received clotting factor prior to 1987
6. Liver disease is present
7. Offender reports history of blood exposure
8. Offender is on or has ever received hemodialysis
9. Tattoos or piercings in prison or other uncontrolled setting
10. Other clinical circumstances or laboratory findings judged by the treating physician to put the offender at risk for Hepatitis C Infection.

- B. Offenders who report a history of Hepatitis C infection when documentation is not available.
- C. Offenders who are incidentally found to have elevated liver enzymes at intake or at others times during incarceration.
- D. Upon the offender's request when they present with risk factors as noted above.
- IV. Inclusion Criteria for consideration of treatment
- A. HCV RNA positive
- B. Offenders who enter the VADOC already on treatment for Hepatitis C will be continued on treatment until it is determined that treatment should be discontinued for reasons outlined in this guideline. These offenders should be referred to the VCU Medical Center Hepatitis C Telemedicine Clinic for management.
- C. Referral for treatment based on AST Platelet Ratio Index and the Fib-4:**
1. $APRI \geq 1.5$ AND $FIB-4 \geq 3.25$, then prioritize referral for treatment evaluation.
 2. If $APRI \geq 0.5$ and < 1.5 OR $FIB-4 \geq 1.45$ and < 3.25 (Indeterminate group)
 - a. Refer Offender for FibroScan

FibroScans can be scheduled as follows:

1. Western Region facilities (Except Green Rock CC, Augusta CC, Cold Springs CC) contact Sue Yates, RN or Ernest Herald, RN at Pocahontas State Corr Center by calling (276) 945-2833.
 2. Central Region facilities (except Coffeewood CC) contact Gwen Buchanan at Dillwyn Correctional Center by calling (434) 505-3147.
 3. Eastern Region facilities contact one of the following:
Greensville Correctional Center: Contact Chris Moseley, XRay Tech at (434-602-3787
Haynesville Correctional Center: Contact Latia Garner, LPN at (804) 333-3577
St. Brides Correctional Center: Contact Crystal Allen, RN at (757) 421-6600
 4. Green Rock CC, Augusta CC, Coffeewood CC, Cold Springs CU: Schedule Fibro Scan at VCU Medical Center Hepatology by submitting a pre-registration.
- b. Interpretation of FibroScan results
1. If the E(kPa) Median score on the FibroScan is ≥ 7.0 the offender should be referred to VCU Medical Center Telemedicine clinic for treatment evaluation. If that is the case, email the Chief Physician for approval to refer the offender. *
 2. If the E(kPa) Median Score is ≤ 7.0 , treatment should be deferred and the offender should be monitored according to section XIII below.

*VCU Hepatology is expanding the Hepatitis C Telemedicine Cline with an anticipated time of expansion to be in the Fall of 2018. Offenders with

- FibroScan E[KPa] score of 7.0 to 9.0 will be held until the clinic expands, at which time an approval will be sent for those offenders to be referred.
3. If APRI is < 0.5 AND FIB-4 is < 1.45, defer treatment and follow per section XII below.
 4. Offenders with Decompensated Cirrhosis who satisfy the following criteria are eligible for treatment referral and should be referred to the Hepatitis C Telemedicine Clinic:
 - a. Child-Turcotte-Pugh Class A or B (See Below)
 - b. MELD Score \leq 12 (See Below)
 5. Offenders with Decompensated Cirrhosis with Child-Turcotte-Pugh Class C or a MELD score >12 are not eligible for treatment. These offenders can be medically managed by the institutional provider or referred to VCU Hepatology clinic for medical management as deemed appropriate by the institutional provider.
- V
- D. Regardless of category in section IV.B. above, refer offender for consideration of treatment if there are other findings suggestive of advanced liver disease such as low albumin or Platelets, or elevated bilirubin or INR, or if there are extra-hepatic conditions that warrant treatment, such as symptomatic cryoglobulins, debilitating fatigue.
 - E. Offenders with at least 7 months remaining on their sentence at the time of treatment initiation. Offenders should be advised of this requirement. Those offenders who cannot be treated during incarceration and who are indigent and a Virginia resident, may be eligible for treatment at no cost through the Virginia Coordinated Care Program at VCU Medical Center. The contact number for this program is (804) 828-0966. Those offenders should be provided this number to call once they are released to find out if they are eligible for treatment through the program.
 - F. Offenders who have been treated and failed to have a sustained viral response are eligible for retreatment. They do not have to go back through the approved process.
 - G. Completion of the pre-treatment evaluation.
 - H. Offenders who are willing to adhere to a rigorous treatment regimen and demonstrate a willingness to abstain from high-risk behavior while incarcerated.
 - I. Offender should have shown good compliance with previously prescribed medication regimens. Offenders on chronic non-PRN medications should be considered in good compliance if they have taken 80% of the doses each month for 3 months prior to initiating the work up. They should remain in good compliance while waiting for the appointment.
 - J. Liver Transplant Recipients—these offenders should be referred to the VCU Medical Center Offender Hepatology clinic for evaluation and recommendations.
 - K. Offenders with HIV and/or chronic Hepatitis B co-infection will be evaluated and approved for referral using the same criteria as offenders without co-infection. Offenders co-infected with Chronic Active Hepatitis B may require treatment for that

condition as well and if that is the case, will be referred to the Hepatology clinic for management.

- L. **Once an offender has been approved for referral to the VCU Hepatitis Telemedicine Clinic, they should be referred for a Liver Ultrasound to screen for Hepatocellular Carcinoma.** The ultrasound report should be forwarded to VCU Telemedicine Coordinator to be placed with the offenders file.

****Calculation of the APRI:**

$$(AST \div ULN) \times 100 \div \left(Platelet\ Count \times \frac{10^3}{uL} \div 1000\right)$$

****Calculation of FIB-4:**

$$(Age \times AST) \div [(Platelet\ count \times 10^3/uL \div 1000) \times Sq\ Root\ of\ ALT]$$

Note that FIB-4 Calculator can be found online at:

<http://www.hepatitisc.uw.edu/page/clinical-calculators/fib-4>

MELD Calculator can be found online at:

<http://www.mdcalc.com/meld-score-model-for-end-stage-liver-disease-12-and-older/>

Child-Turcotte-Pugh (CTP) Calculator

This calculator is used for the classification of the severity of cirrhosis.

	Points*		
	1	2	3
Encephalopathy	None	Grade 1-2 (or precipitant-induced)	Grade 3-4 (or chronic)
Ascites	None	Mild/Moderate (diuretic-responsive)	Severe (diuretic-refractory)
Bilirubin (mg/dL)	<2	2-3	>3
Albumin (g/dL)	>3.5	2.8-3.5	<2.8
PT (sec prolonged) or INR	<4 <1.7	4-6 1.7-2.3	>6 >2.3

CTP class (add score for each parameter):

A= 5-6 points

B= 7-9 points

C= 10-15points

V. Exclusion criteria

- A. Less than 7 months remaining on sentence at the time of treatment initiation. Parole eligibility doesn't exclude an offender from treatment consideration on the basis of this criteria.
- B. Founded charges during incarceration for the past 2 years, or documented use of alcohol or illegal injection drugs or other illegal substances known to contribute to progression of liver disease. These will be evaluated case-by-case by the Chief Physician.
- C. Founded charges for tattoos (intra-dermal), or offender self-reporting of new tattoos, or medical documentation of new tattoos, in the past 2 years during incarceration to be determined case-by-case by the Chief Physician.
- D. For offenders who have founded charges under B and C above this information should be placed on the Hepatitis C Referral Request Form and the form sent to the VADOC Chief Physician for review.
- E. APRI < 0.5 AND FIB-4 < 1.45 without significant extra-hepatic conditions associated with HCV.

Note that parole eligibility is not an exclusion

VI. Initial Laboratory Evaluation

- A. CBC
- B. CMP
- C. PT/INR
- D. Anti-HIV
- E. Quantitative HCV RNA(Viral Load)
- F. HCV Genotype
- G. HgbA1C, if diabetic
- H. Serum Pregnancy Test in women
- I. Anti-HAV total, HBsAg, HBsAb, and HbCAb(IgG) if not done with original hepatitis screening.
- J. Consider testing for other liver conditions as appropriate (ANA, ASMA, A1AT, Iron Panel and Serum Ferritin, ceruloplasmin).
- K. Liver ultrasound to screen for Hepatocellular Carcinoma. This should be done once the offender has been approved for referral.

VII. Prior to Initiating Treatment(after treatment recommended by the Hepatitis C Telemedicine Clinic Nurse Practitioner)

- A. Offender should be transferred to a facility with 24-hour Nursing for Directly Observed Therapy. A medical hold should be placed on the offender once they are at the facility where they will be treated. The hold can be cancelled once treatment is complete.
- B. Hepatitis A and Hepatitis B Vaccines
 - 1. All Hepatitis C RNA positive offenders should be offered Hepatitis A and Hepatitis B Vaccine if not immune.
 - 2. Hepatitis A Vaccine and Hepatitis B Vaccine should be administered and immunization documented as outlined in the Virginia Department of Corrections

Standard Treatment Guideline for Hepatitis A(HAV) Immunization and Treatment, and the Standard Treatment Guideline for Hepatitis B(HBV) Immunization and Treatment, respectively.

- C. Make sure Hepatitis C Treatment Consent form is signed by all offenders (**Attachment 3**).

VIII. Monitor at the Facility During Treatment

- A. Follow regularly in clinic to ensure compliance, monitor adverse events and potential drug interactions with new prescriptions.
- B. Any non-compliance with treatment should be reported to the Nurse Practitioner at the Hep C Telemed Clinic. The Nurse Practitioner is Reena Cherian, and she can be reached at (804) 828-9663.
- C. Make sure all labs are ordered as instructed by the Nurse Practitioner at the VCU Hepatitis C Telemedicine Clinic. The timing of drawing labs should coincide with the start date of the medication and not with the date of the clinic appointment.
- D. Consider ordering the medication to be given in the morning or in the evening based on offender preference to improve compliance.
- E. Whenever there are medication doses leftover at the end of treatment (due to non-compliance or other reason) continue the medication until all doses are taken, unless otherwise instructed by the Nurse Practitioner in the Hep C Telemed Clinic.

IX. Request for Approval to Refer for treatment—Fax or email the following information to the VADOC Chief Physician, [fax #(804)674-3551]:

- A. All lab results as listed in section V. Pretreatment Labs(performed within the previous 12 weeks). If any requested labs are omitted the request will not be processed. Submit lab results to the Chief Physician using the Hepatitis C Treatment Worksheet (**Attachment 3**)
- B. A completed Hepatitis C Referral Request form. (**See Attachment 1**)
- C. FibroScan report if done
- D. A response to the request will be sent by email.

X. Discontinuation of Treatment

- A. The decision to discontinue treatment will generally be made by the VCU HepC Telemed Nurse Practitioner and treatment should not be discontinued without first discussing with the VCU Hep C Telemedicine Clinic Nurse Practitioner. (Reena Cherian at (804) 828-9663.)
- B. Reasons to discontinue treatment:
1. A ≥ 10 -fold increase in ALT at week 4 or beyond of treatment. Call VCU Hepatitis C Telemedicine Nurse Practitioner right away to discuss.
 2. Any increase in ALT of < 10 -fold at week 4 if accompanied by any weakness, nausea, vomiting, jaundice or by an increased bilirubin, Alkaline Phosphatase, or PT/INR.

PLAINTIFF'S EXHIBIT 2
4813. **NON-RESPONSE to treatment:**

If the quantitative HCV RNA is detectable at week 4 this should be repeated in 2 weeks. If quantitative HCV RNA has increased by >10-fold(>1 log₁₀ IU/mL) on repeat at 6 weeks or later, treatment should be discontinued due to treatment failure. If there is a <10-fold increase in HCV RNA at week 6, do not stop treatment but repeat HCV RNA in another 2 weeks. If there is a <10-fold increase in HCV RNA at week 6 or week 8, do not discontinue treatment.

4. If a new tattoo appears or offender receives a founded tattoo charge.
5. If a positive drug screen is reported.
6. If a blood alcohol test is positive.
7. If an offender on Hepatitis C treatment has a founded charge for tattoos, drug or alcohol use, before discontinuing treatment, this must be discussed with the Chief Physician. Decisions regarding discontinuation of treatment in these circumstances will be made on a case-by-case basis with discussion between the treating Institutional Physician the VADOC Chief Physician, and the VCU Hepatitis C Telemedicine Clinic Nurse Practitioner.
8. If offender demonstrates non-compliance with medication.

XI. Monitoring Offenders Who are not a Candidate for Treatment due to low APRI and Fib-4 Scores

- A. Most offenders who are not eligible for treatment can be monitored once per year.
- B. Offenders with co-infected HIV or other immunocompromised condition, or Hepatitis B, or with Genotype 3 disease, should be monitored every 6 months.
- C. Monitoring should include clinical evaluation and CMP, CBC, PT/INR and calculation of APRI and FIB-4. Refer for treatment as indicated if disease progresses.
- D. For offenders who fall into and remain in the indeterminate group (section IV.C.2 on page 2) a FibroScan should be done every 3 years even if other labs do not suggest disease progression.

XII. Monitoring Offenders Who Have Been Treated With or Without a Sustained Viral Response or are not eligible for treatment due to MELD score >12 or CTP class C(Offenders with more advanced disease)

- A. These offenders can be followed at their facility by placing them in Chronic Care Clinic or by scheduling them for regular follow-up visits as would occur in a community setting(at the discretion of the treating Provider). **Do not refer offenders to VCU Hepatology for follow-up after treatment as a matter of routine.** Unless an offender has difficult to manage decompensated cirrhosis, they do not need to be referred to VCU Hepatology or the Hepatitis C Telemed clinic for disease surveillance after treatment is complete. At the discretion of the Institutional Provider, they can be referred to VCU Hepatology clinic if felt to have complications that require specialist care, or the Institutional Provider is not comfortable managing the case.
- B. **Routine Surveillance**
 1. Yearly CMP, CBC, PT/INR

2. Hepatocellular Carcinoma Screening/Surveillance
 - a. Liver Ultrasound every six(6) months to screen for Hepatocellular Carcinoma for offenders with bridging fibrosis(F3) or worse.
 - b. The VADOC is not using Alpha-Fetoprotein to screen for HCC>
3. Esophageal Varices(EV) Screening/Surveillance
 - a. Screening and surveillance for EV is done with Upper Endoscopy(EGD)
 - b. Upper Endoscopy should be done every three(3) years for offenders with a FibroScan E[kPa] score > 20 or a Platelet count <150k. Offenders with these parameters are at increased risk for varices.
 - c. Offenders with a FibroScan E[kPa] score <20, a Platelet count >150, and who have a Sustained Viral Response after treatment, do not require surveillance for Esophageal Varices.
 - d. All offenders with decompensated cirrhosis should undergo screening for EV.
 - e. Offenders who have been placed on Beta-blocker for bleeding prophylaxis do not need to continue surveillance with EGD.
 - f. Follow-up Surveillance for EV
 1. Offenders with Sustained Viral Response(SVR) after treatment and who have a FibroScan E[kPa] score > 20 or a Platelet count <150, should have a follow-up EGD as follows:
 - No varices on initial screening repeat EGD every three years.
 - Small varices(with no red signs) on initial screening repeat EGD every two years.
 2. Offenders without SVR and no varices should have a follow-up EGD every two years.
 3. Offenders without SVR and small varices(with no red signs) should have follow-up EGD yearly.
 4. Offenders with decompensated cirrhosis should have a follow-up EGD yearly(if not on bleeding prophylaxis with B-blocker).
- C. Prophylaxis for Variceal Bleeding—Offenders with the following findings should be placed on variceal bleeding prophylaxis with a non-selective Beta-blocker(Propranolol, Nadolol):
 1. Small varices with red signs
 2. Medium varices
 3. Child Class B or C Cirrhosis
 4. Start with a low dose(Propranolol 20mg BID or Nadolol 40mg per day) and titrate up to a target heart rate of 55-60 beats/min, as tolerated. A lower starting dose may be necessary if intolerant.
 5. Offenders with Large Esophageal Varices should be referred to Hepatology to be evaluated for Esophageal Variceal Ligation.
 6. If there is a question about how to manage an offender with documented varices, if a case is complicated by bronchoconstriction, Congestive Heart Failure, or Refractory Ascites, or if pulse rate does not drop with B-blocker, or B-blocker cannot be tolerated due to hypotension, refer offender to Hepatology for recommendations.

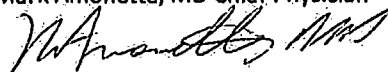
PLAINTIFFS EXHIBIT 2

XIII. Work Assignments

- a. Those who test positive for HCV have no work restrictions.

Signature on file

Mark Amonette, MD Chief Physician



Revised 06/16

Revised 6/17

Revised 5/18

REFERENCES

American Association for the Study of Liver diseases and the Infectious Diseases Society of America. 2015

CDC: Hepatitis C Information on Testing & Diagnosis. www.cdc.gov/hepatitis
October 2013

FDA Drug Safety Communication: FDA warns about risk of Hepatitis B reactivating in some patients treated with direct acting antivirals for Hepatitis C

<https://www.fda.gov/drug/drugsafety/ucm522932.htm>

Interim Guidance for the Management of Chronic Hepatitis C Infection.

Federal Bureau of Prisons, Clinical Practice Guideline. June 2014.

http://www.bop.gov/resources/health_care_mngmt.jsp.

Medication Adherence: WHO CARES?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3068890/>

Recommendations for Testing, Managing, and Treating Hepatitis C. At

<http://www.hcvguidelines.org/>.

Colombo, Massimo, MD, Author. Prevention of Hepatocellular carcinoma and recommendation for surveillance in adults with chronic liver disease. In UpToDate. Last Updated: May 30, 2017.

Sanyal, Arun J, MD, Author. Primary and pre-primary prophylaxis against variceal hemorrhage in patients with cirrhosis. In UpToDate. Last Updated: Jan 04, 2018.

Standard Treatment Guideline, Hepatitis C. Commonwealth of Virginia, Department of Corrections. February 18, 2004.

Attachment 1

Attachment 2

(2 pages)

Hepatitis C Treatment Consent

Patient Initial each:

- ___1. I understand that treatment may be of no benefit and may not get rid of my Hepatitis C Infection.
- ___2. I understand that my medication treatment may be different than the treatment of another offender and will be determined by specific circumstances related to my infection(such as Genotype, presence of cirrhosis, past treatment history).
- ___3. I understand that if my labs during treatment indicate that I am not responding to treatment or if I have certain abnormal labs, my treatment may be stopped early.
- ___4. I understand that I will require regular blood work to be drawn during treatment to monitor side effects or response to treatment and that I need to cooperate with having blood drawn. Also, that failure to cooperate with having blood work done may result in discontinuation of treatment.
- ___5. I understand that I must not become pregnant or attempt to impregnate my partner during my Hepatitis C antiviral treatment or for 6 months after stopping treatment. Also, that I must use two forms of birth control during heterosexual activity while taking the medication and for 6 months after the medication is stopped. Ribavirin can cause fetal abnormalities and death.
- ___6. I understand that my failure to comply with the medication, blood testing, or regular appointments may result in my provider stopping the medication treatment.
- ___7. I understand that drinking alcohol is forbidden and causes injury to the liver.
- ___8. I understand that I must not be involved in any activity that may transmit the Hepatitis C virus including tattooing, sexual activity in prison, IV drug use, intranasal drug use. Being involved in any of these activities may result in loss of eligibility for treatment or stopping treatment that has been started.
- ___9. I understand that I may be required to undergo random blood or urine testing for illegal substances and that a positive test may result in stopping, or loss of eligibility to take the Hepatitis C medications.
- ___10. I understand that completion of this agreement does not guarantee that I will be approved for Hepatitis C treatment.
- ___11. My initials above and signature below signify my understanding of /and agreement to comply with the requirements. I understand that failure to comply with the requirements may result in loss of eligibility for treatment or in discontinuation of treatment already in progress.
- ___12. I understand that if I am not at a 24-hour Nursing facility I will have to be transferred to a 24-hour facility while I am taking medication for Hepatitis C.

PLAINTIFFS EXHIBIT 2

Attachment 2 (cont.)

___13. I understand that if I take treatment and am cured of my Hepatitis C infection, this will **not** protect me from becoming re-infected if I participate in risky behavior such as IV drug use, getting tattoos, or having sex with an infected person.

___14. I understand that if I have Hepatitis B Infection there have been reports of reactivation of Hepatitis B during antiviral treatment for Hepatitis C, including cases of Fatal Fulminant Hepatitis.

___15. I understand that I need to have at least 9 months remaining on my time in the Virginia Department of Corrections at the time I start taking medication for Hepatitis C in order to be eligible for treatment. This is because there needs to be adequate time to take the treatment and to be followed-up after treatment. Therefore, if I have less than 2 years left on my sentence there may not be adequate time to complete the evaluation and schedule an appointment to meet the 9 month deadline.

Patient Name _____ Clinician Name _____
Signature _____ Date _____ Signature _____ Date _____

Attachment 3

Hepatitis C Treatment Worksheet

1. Name: _____ DOC#: _____ DOB: _____
2. DOI: _____ DOR: _____ Less than 9 months left in VADOC: Y N
3. Date diagnosed: _____ Previous HCV Treatment Y N Date: _____
Type: Interferon Pre-Intro/Ribovarin
4. HCV Genotype: _____ HCV Viral Load: _____ Date: _____
5. APRI: _____ Date: _____ Note: <5(No Fibrosis); >1.5(Cirrhosis); 0.5-1.5(Progressive Fibrosis)
6. Fib-4 Score: _____
7. WBC: _____ Hgb: _____ Hct: _____ Plt: _____ PT: _____ INR: _____ Date: _____
8. AST: _____ ALT: _____ ALKPPOS: _____ T.Bili: _____ Albumin: _____ Date: _____
9. AFP: _____ ANA: _____ Transferrin: _____ HBA1C(diabetic): _____ Date: _____
10. BUN: _____ CREAT: _____ GFR: _____ Na: _____ K: _____ Amylase: _____ Date: _____
11. HIV: _____ Anti-HAVIgG: _____ HBsAg: _____ HBsAB: _____ Date: _____
12. Medical History (Circle all that apply) DM HTN CAD CHF COPD Asthma HBV HIV Cancer
Kidney Dz Thyroid
13. Medical History(write in additional): _____
14. Mental Health Diagnosis: _____ Codes: _____

15. HAV Vaccine Y / N HBV Vaccine Y / N
16. HCV Treatment Consent Form Signed Y / N
17. Prepared by: _____ Date: _____
18. Fax to VADOC Medical Directory-Dr. Amonette at (804) 674-3551 Date: _____

**APRI Calculator (AST/ULN=X; X/PLT=Y; Y x 100=APRI)

SA000931

To: Diane Landauer, MD

From: Mark Amonette, MD

Re.: Terry Riggleman

DOC#1000538

Date: 11/8/16

After review of the information provided it is determined that the above offender does not meet the criteria for Hepatitis C treatment at this time and is therefore not approved for referral to the VCU Hepatitis C Telemedicine Clinic. The offender should be monitored according to the VADOC Interim Guideline for Chronic Hepatitis C Infection Management. This includes a clinical evaluation as well as checking a CMP, CBC, PT/INR, and calculating the APRI and FIB-4. This should be done every 6 months for offenders co-infected with HIV(all genotypes) and offenders with Genotype 3 disease, and annually for offenders with all other Genotypes. If lab values(Plt or INR), the FIB-4 or the APRI score suggest disease progression, then a request should be resubmitted for treatment approval.



VIRGINIA DEPARTMENT OF CORRECTIONS


Offender Grievance Response - Level II

866.1

DOC Location: C00 Central Office,
Administration

Report generated by HR

Report run on 01/20/2017 at 2:49 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00632
Housing		Filed Augusta Correctional Center	
N-4-30-T			
LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)			
LEVEL II HEALTH SERVICES DIRECTOR:			
<p>Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you did not receive your medication refill at the pill window on 12/03/16 or on 12/05/16.</p> <p>Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance UNFOUNDED. As you were advised, it is reported that your issue was resolved during the informal process when you received your Neurontin medication on 12/06/16. This issue is governed by restricted policy.</p> <p>If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.</p>			
 Regional Director, Health Services Director, or Chief of Operations for Offender Management Services		Date <u>1/20/17</u>	

JAN 27 2017

Offender Grievance Response - Level II

Rev. 05/31/2007

Report run on 01/20/2017 at 2:49 PM



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A

DOC Location: C00 Central Office,
Administration

Report generated by HR

Report run on 01/20/2017 at 2:49 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00632
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you did not receive your medication refill at the pill window on 12/03/16 or on 12/05/16.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. As you were advised, it is reported that your issue was resolved during the informal process when you received your Neurontin medication on 12/06/16. This issue is governed by restricted policy.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

	1/20/17
Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date

Offender Grievance Response - Level II

Report run on 01/20/2017 at 2:49 PM

Rev. 05/31/2007



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Frady, J D

Report run on 01/11/2017 at 8:43 AM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00632
Housing		Filed	
N-4-30-T		Augusta Correctional Center	

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that between 12/3/16 and 12/6/16 medical did not have your pain medication. You state that there is no medical reason why there should be a 3 1/2 day delay between the 1st 30 day and the 2nd 30 day supply of a 90 day prescription. You state that the system is designed to make sure this does not happen. You claim that per OP 720.1, page 2, section 1, "the continuity of health care including the continuity of medication shall be available from admission to discharge." You state that a 3 1/2 day gap in the 1st 30 day and the 2nd 30 day supply is not continuity of medication. You state that in OP 720.1, page 2, section 5, it states "offenders have unimpeded access to health care, including but not limited to adequate pain management for acute and chronic care conditions". You claim that this medication was for acute sciatic pain and you informed medical twice per Emergency Grievances, that you were in pain due to lack of medication. You state that the pill dist. network in med. is computerized and the pill cards are designed to let you know when they are close to running out, there is no medical reason for this delay. You want to see a specialist for your back/sciatic nerve problem. You state that obviously the medical department here is incompetent to the point they cant even order medications properly, so we know there diagnosis and treatment abilities are very much in question. You want this issue remedied.

Informal Summary: RN Shipp states, Gabapentin (Neurontin) just needed to be refilled. The current order is good until 2/1/17, when another non-formulary approval would need to be submitted. The refill request was submitted on 12/3/16 (Saturday). It was shipped on the 5th and arrived the 6th.

Investigation: Per RN Shipp, your Gabapentin was profiled when it was reordered and arrived the next evening. You have been seen, evaluated and treated by the medical staff here at Augusta Correctional Center. Your medication was ordered in accordance with medical policy and procedure and arrived at ACC on 12/6/16. No violation of policy or procedure has been found.

Procedure: This matter is governed by Operating Procedure 720.5.

Based on the information above your Grievance is deemed UNFOUNDED.

RECEIVED

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

JAN 17 2017

OFFICE OF HEALTH SERVICES

Warden/Superintendent

JAWarben

Date

1/11/17

I wish to appeal the Level I response because: per op 720.1 pg 2 section 1, "The continuity of health care, including the continuity of medication shall be made ~~from~~ available from admission to discharge." There should not have been a 3 1/2 day delay between the 1st 30 days and the 2nd 30 days of a 90 day prescription. There is no medical reason for this delay again.

Offender Signature

Terry Riggleman

Date

1-11-17

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance

REGULAR GRIEVANCE

Log Number

ACC161800032

Rigglesman	Terry	1000538	N-4	30
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) Between 12-3-16 (Mon) and 12-6-16 (Wed) Medical did not have my pain med. There is no medical reason why there should be a 3 1/2 day delay between the 1st 30 day and the 2nd 30 day supply of a 90 day prescription. The system is designed (resill notice on pillcard via sticker) to make sure this does not happen. Per op 720.1 pg 2 section 1. "The continuity of health care including the continuity of medication shall be available from admission to discharge." A 3 1/2 day gap in the 1st 30 day and 2nd 30 day supply is not continuity of medication. See also op 720.1 pg 2 section 5. "Offenders have unimpeded access to health care, including but not limited to, Adequate pain management for acute and chronic conditions." This medication was for acute sciatic pain. I informed med. twice per Eng. Griev. (attached) that I was in pain due to lack of med. The pill dist. network in med. is computerized and the pill cards are designed to let you know when they are close to running out. There is no medical reason for this delay. (Informal complaint Attached) (2 Eng Griev. Attached)

What action do you want taken? I want to see a specialist for my back/sciatic nerve problem. Obviously the med. department here is incompetent to the point they can't even order meds properly so we know there diagnosis and treatment abilities are very much in question. I want this issue remedied.

Grievant's Signature: Larry Rigglesman Date: 12-17-16

Warden/Superintendent's Office: _____

Date Received: _____



1 of 2

 11/14/13
 Revision Date: 1/14/13

SA000457

PLAINTIFF'S EXHIBIT 5



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

Dec 05 2016
Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Rigglesman 1000538 N-4-30
Offender Name Offender Number Housing Assignment
☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): The evening of Dec. 3rd I went to get my medication at the pill window and was told "it had to be re-ordered and would be here on Mon. Dec 5th. I filed an emergency grievance (Attached) cause of problems I've expressed to the Dr. that occur when I miss doses of this type of med. As you can see I was given herunaround. ON Mon, 5th my med. was still not here so I filed another emerg. grievance (Attached) was given same type & run-around. My complaint is that being that I am only 30 days into a 90 day prescription there should be a gap in my medication. A 3 1/2 day delay is unacceptable and shows gross negligence and deliberate indifference towards my serious medical needs. This type of med. should not be skipped.

Offender Signature Terry Rigglesman Date 12-6-16

Offenders - Do Not Write Below This Line

Date Received: 12/8/16 Tracking # ACC16 INF 3680
Response Due: 12/18/16 Assigned to: Medical
Action Taken/Response:

Gabapentin (Neurontin) just needed to be refilled. The current order is good until 2/1/17 - when another non-formulary approval would need to be submitted. The refill request was submitted 12/3 (Saturday) it was shipped on the 5th & arrive the 6th

R Shipp RD E Shipp RD 12/12/16
Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: DEC 20 2016

Staff Witness Signature: _____ Date: _____

Revision Date: 4/9/13

SA000463



VIRGINIA
 DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency Grievance

Log # **08532**

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Rigglesman Terry 1000538 A.L.C. N-4-30
 Offender Last Name First Number Facility Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? At evening pill call medical did not have my medication. This is a 90 day prescription and I am only 30 days into it so there is no excuse for a delay in ordering it. I've already expressed my concerns previously to the Dr. about how missing doses of this medication makes me feel weird also the medication is for pain so I will have to hurt until the ones that were ordered come in. I know there are some in the pharmacy that I can be given.

12-3-16 5:23 p.m Terry Rigglesman 1000538
 Date/Time Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- ☒ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen _____
☐ Submit Sick Call Request ☐ Send an Offender Request To: _____
☐ Submit Request to Dental ☐ Other (Provide detailed explanation below)

Your medication has been ordered. We do not have gabapentin in "back up", and the cards we have in pharmacy are specific for each offender. It is illegal to give you

- ☐ Your grievance has been determined to be an emergency and the following action has been taken:
☐ Sent to Hospital: Date Transported _____ ☐ Other (Provide detailed explanation below)

their medication. You may address your concerns with the pharmacy manager on Monday.

12-3-16 1815 [Signature] J. Puller LPU
 Date/Time Respondent Signature Name/Title Printed

- ☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified
 Alleged sexual abuse or sexual harassment ☐ Will be referred for investigation

DEC 20 2016

Determination by: _____
 Signature Name/Title Printed Date/Time

SA000464



VIRGINIA
 DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency Grievance Log # **08546**

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Rigglesman Terry 1000538 A.C.C. N-4-30
 Offender Last Name First Number Facility Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? Havent had my meds since the morning of 12-3-16. Was told there was a
store and they were re-ordered and would be here today. I am only 30 days into a
70 day prescription so there shouldnt be a delay in medication. I am in pain my
foot and leg feel like they are on fire. I was told both times not-eve today that
med. is still not here. This shows deliberate indifference and gross negligence towards
my serious medical needs.

12-5-16 5:10 pm Terry Rigglesman 1000538
 Date/Time Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- ☒ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen _____
☐ Submit Sick Call Request ☐ Send an Offender Request To: _____
☐ Submit Request to Dental ☐ Other (Provide detailed explanation below)

medication is on order will contact you
once medication arrives!

- ☐ Your grievance has been determined to be an emergency and the following action has been taken:
☐ Sent to Hospital: Date Transported _____ ☐ Other (Provide detailed explanation below)

12/5/2016 6:37 De-Corona LPM W. Cousen LA
 Date/Time Respondent Signature Name/Title Printed

- ☐ **PREA** - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or
 Administrative Duty Officer, and facility PREA Compliance Manager notified
 Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

DEC 20 2016

Determination by: _____
 Signature Name/Title Printed Date/Time

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator

SA000465



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866-7

DOC Location: C00 Central Office, Administration

Report generated by Ray, H C

Report run on 06/29/2016 at 2:26 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00341
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

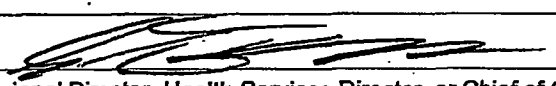
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that Dr. Landauer is prescribing you the same ineffective treatment for your chronic sciatic nerve pain.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Be advised that this is a repetitive issue. Please see level II grievance #00044. This issue is governed by restricted policy.

If you have any further issues, please resubmit a sick call request for further evaluation of your nerve pain and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

 Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date <i>6/30/16</i>
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RECEIVED
 JUL 11 2016
 GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Frady, J D

Report run on 06/20/2016 at 2:44 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00341
Housing		Filed	
N-4-30-T		Augusta Correctional Center	

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that Dr. Landauer is being deliberately indifferent and committing gross negligence towards your chronic leg/back pain. You claim to have been in medical relentlessly for the past 17 months due the nonstop pain. You state that you cannot sleep properly and the pain is wearing you down. You state that you told the doctor this but she continues to order the same types of treatments (i.e. steroids, anti-inflammatory, heating packs, muscle relaxers), which you claim is not helping and you have informed the doctor of this. You state the new anti-inflammatory she prescribed on 5/23/16 is not working either, as a matter of fact the pain is getting worse. You claim that the sick call process is not going to work if you continue to get inadequate treatment. You want to see someone who is qualified to properly asses and treat your pain and sciatic nerve problems.

Informal Summary: RN Shipp states, you saw Dr. Landauer on 5/23/16. She did prescribe a different anti-inflammatory but only 2-3 days, from the time you saw Dr. Landauer and when you wrote this complaint, is not enough time to determine if the medication works.

Investigation: Per RN Shipp, before an outside appointment can be approved and scheduled, the doctor needs to try different treatments and approaches. You have been seen, evaluated and treated in accordance with policy. There has been no evidence found to support your allegations that Dr. Landauer is indifferent to your medical needs.

Procedure: This matter is governed by Operating Procedure 720.1.

Based on the information above your Grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent	<i>J. Anderson</i>	Date	6/21/16
I wish to appeal the Level I response because: <i>IT TAKES 2 to 3 days at least to get new prescribed medication then medical expects us to try it for 30 days before they will change to something different or just give us the run around. If I do that then I can't grieve the issue because I only have 30 days to grieve an issue. Today is 6-21-16 and I have been in pain 19 days longer than when I filed the informal complaint I have been hurting 24hrs a day 7 days a week since 11-29-14 how patient does medical expect me to be and how long does a person have to hurt before they get actual medical treatment??</i>			
Offender Signature	<i>Terry Riggleman</i>	Date	6-21-16

RECEIVED

JUN 28 2016

JUL 11 2016

OFFICE OF HEALTH SERVICES

Page 1 of 1

Rev. 05/31/2007

SA000474

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FI 1-13

REGULAR GRIEVANCE

Log Number:

KCL6 Reg 0034

Rigglesman	Terry	1000538	N-4	30
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) Dr. Landauer is being deliberately indifferent and committing gross negligence towards my chronic leg/back pain. I have been going to medical relentlessly for 17 months now for nonstop pain. I can't sleep properly and I'm wore down from pain. I've told the Dr. this but the Dr. keeps ordering the same types of treatment (IE. Steroids, Anti-inflammatory, sitz heat packs, muscle relaxers). None of this stuff is helping and I have informed the dr. of that. The new anti-inflammatory she prescribed on 5-23-16 is not helping either as a matter of fact ~~the~~ The pain is getting worse. The sick call process will not work if I keep getting prescribed the same types of treatment that has proven ineffective for 17 months. This is a violation of the 8th amendment!!

What action do you want taken? I want to see someone who is qualified to properly assess and treat my pain and Sciatic Nerve problem. Obviously if 17 months of treatment from the current physician has only made the problem worse then she is not qualified.

Grievant's Signature: Terry Rigglesman Date: 6-5-16

Warden/Superintendent's Office:

Date Received:

RECEIVED

JUN 28 2016

RECEIVED

JUL 11 2016

GRIEVANCE OFFICE

RECEIVED

JUN -6 2016

GRIEVANCE OFFICE

OFFICE OF HEALTH SERVICES

1 of 2

Revision Date: 1/14/13

SA000475



VIRGINIA DEPARTMENT OF
 Informal Complaint

Effective Date: July 1, 2013
 Operating Procedure 866.1 Attachment 2

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Riggleman 1000538 N-4-30
 Offender Name Offender Number Housing Assignment
☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): I have been going to medical for a Sciatic Nerve issue for 17 months now. My complaint is medical is being deliberately indifferent and gross negligent towards me by continually giving me the same course of treatment over and over even though it has prove to be ineffective. I.E. Steroids, Anti-inflammatory, Stretch, Heat packs, muscle-relaxers. Either Dr. Landauer is Not qualified to properly treat my particular ailment or she is purposely subjecting me to cruel and unusual punishment. I saw Dr. Landauer on 5-23-16 and it was the same old Try this Anti-inflammatory, stretch etc.

Offender Signature Terry Riggleman Date 5-25-16
 Offenders - Do Not Write Below This Line

Date Received: 5-26-16 Tracking # Acc16Inf-02144
 Response Due: 6-5-16 Assigned to: Medical
 Action Taken/Response:

You saw Dr Landauer 5/23/16 - She did prescribe a different anti-inflammatory. But 2-3 days from when you saw her is when you wrote this is not enough time to determine if the medication works.

[Signature] E Shipp RN 6/2/16
 Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: [Signature] Date: 6/2/16
 Staff Witness Signature: [Signature] Date: 6/2/16



VIRGINIA DEPARTMENT OF CORRECTIONS

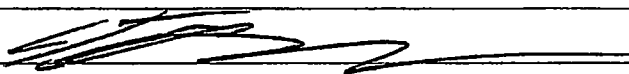
Offender Grievance Response - Level II

866 7-1-7

DOJ Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 04/20/2016 at 8:53 AM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00172
Housing		Filed Augusta Correctional Center	
N-4-30-T			
LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)			
LEVEL II HEALTH SERVICES DIRECTOR: Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you are not receiving proper medical treatment because the doctor lied as it does not take 33 days for the pain medication to work. Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance UNFOUNDED . There is no evidence provided to conclude that the actions of the physician were improper in prescribing you the medical treatment. This issue is governed by restricted policy . If you have any further issues, please resubmit a sick call request for further evaluation of your medication and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.			
 Regional Director, Health Services Director, or Chief of Operations for Offender Management Services		Date <u>4/22/18</u>	

RECEIVED

APR 28 2016

GRIEVANCE OFFICE

Offender Grievance Response - Level II

Rev. 05/31/2007

Report run on 04/20/2016 at 8:53 AM



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 04/13/2016 at 1:26 PM

Offender Name	DOC#	Location	Grievance Number
Rigglesman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00172
Housing		Filed	
N-4-30-T		Augusta Correctional Center	

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that Dr. Moreno lied about your treatment as it doesn't take 33 days for any of the prescribed pain medications to work. You want proper medical treatment not just a half hearted run around approach.

Informal Summary: Ms. Shipp, RN states it does take time for effective blood levels of a medication to be achieved and be effective to reduce pain or other symptoms.

Investigation: According to Ms. Shipp, RN medicine is not a perfect science. It can be trial and error as not everyones body reacts to medications the same. You are being seen and treated in accordance with protocol.

Procedure: This matter is governed by Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
 Health Services Director, PO Box 26963, Richmond, VA 23261-6963

<i>D. J. [Signature]</i>	4/13/16
Warden/Superintendent	Date

I wish to appeal the Level I response because: *MS. Shipp is Not a Doctor or a Scientist much less a manufacturer of any of the medications I have been given. Show me Scientific proof it takes up to 30 days for any of the Specific pain medications I have been prescribed to work. Is the Dr. doesn't know the specifics of the medication he's prescribing then why is he prescribing them. That seems a little like experimental treatment to me. This is clear deliberate indifference and Gross negligence.*

Offender Signature <i>Terry Rigglesman</i>	Date 4-13-16
--	--------------

RECEIVED
 APR 28 2016
 GRIEVANCE OFFICE

RECEIVED
 APR 19 2016
 OFFICE OF HEALTH SERVICES



VIRGINIA DEPARTMENT OF CORRECTIONS
Regular Grievance

Effective Date: December 1, 2010
Operating Procedure 866.1 Attachment 2

REGULAR GRIEVANCE

Log Number

1000538

<i>Riggelman</i>	<i>Terry</i>	<i>1000538</i>	<i>N-4</i>	<i>30</i>
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) *My complaint is Dr. Moreno lied to me about treatment.*

IT doesn't take 33 days for any of the prescribed pain medicines to work. As you can see I recieved this Informal complaint today 3-14-16 and if a proper investigation is done Any half literate person can see there is a plethora of things wrong with the Informal complaint. Medical can't answer it properly because they know that they are in the wrong.

Why would pain medication Help 33 days later?? This doesn't even make sense. This Informal complaint is clear deliberate indifference and Gross Neglegance. Check dates on Informal Complaint during investigation.

What action do you want taken? *I want proper medical treatment Not Just a half-hearted run around approach. The Dr. should be required to Answer any complaints on him/her Not a third party.*

Grievant's Signature: *Terry Riggelman* RECEIVED Date: *3-14-16*

Warden/Superintendent's Office:

Date Received:

APR 28 2016
RECEIVED
GRIEVANCE OFFICE
APR 18 2016

OFFICE OF HEALTH SERVICES

Revision Date: 5/29/07

SA000560

PLAINTIFF'S EXHIBIT 5



VIRGINIA DEPARTMENT OF
Informal Complaint RECTIONS

RECEIVED

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

FEB 12 2016

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Rigglerman

1000538

C-1-14 1/4.30

Offender Name

Offender Number

Housing Assignment

☐ Unit Manager/Supervisor

☐ Food Service

☐ Treatment Program Supervisor

☐ Personal Property

☐ Commissary

☐ Mailroom

☒ Medical Administrator

☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): my complaint is Dr. moreno lied to me about treatment. on 1-5-16 I saw Dr. moreno regarding a bulging disc that is pressing on a nerve. This issue has been ongoing for over a year now. The dr. prescribed me 3 medications and told me to try them for 30 days and he would call me back to see how they were working and that he had one other medication he could try if the prescribed medication on 1-8-16 as documented by attached grievance I had to file to get medication. I saw Dr. moreno on 2-9-16 and informed him the medication was not working. He was hostile with me and argued that it had not been 30 days when I reminded him of his previous statement he made on 1-5-16. By the American dating system from 1-8-16 to 2-9-16 is 33 days. So either the dr. can't count or he is just incompetent when it comes to providing adequate medical care. Besides it doesn't take 30 days to determine if a medicine is going to help pain or not!!

Offender Signature Terry Rigglerman

Date 2-10-16

Offenders - Do Not Write Below This Line

Date Received: 2-11-16

Tracking # ACC16Inf-00653

Response Due: 2-21-16

Assigned to: Medical

Action Taken/Response:

It does take time for effective blood levels of a medication to be achieved and be effective to reduce pain or other symptoms

RECEIVED

APR 19 2016

OFFICE OF HEALTH SERVICES

R Shipp RU

E Shipp RU

3/8/16

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT: RECEIVED

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ GRIEVANCE OFFICE Date: _____

Staff Witness Signature: _____ Date: _____

Revision Date: 4/9/13

SA000561



VIRGINIA DEPARTMENT OF CORRECTIONS
Emergency Grievance

Revised 7/17/15; Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 3

Emergency Grievance

Log # **002090**

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Rigglesman Terry 1000538 Acc C-1-19
Offender Last Name First Number Facility Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? I AM IN PAIN! I was prescribed Naproxen, Zanax and ibuprofen on 1-5-16 for back pain. Was given Zanax & ibuprofen on 1-8-16 and told Naproxen was here but I would be called over to pick it up for self-med. On 1-9-16 was told ibuprofen had to be re-ordered because it wasn't here. Funny it was here for 1 day on 1-8-16. Today is 1-10-16 and I still haven't been given Naproxen! I'm in pain!

1-10-16 11:27 AM Brynn Rigglesman 1000538
Date/Time Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

☒ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

- ☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen _____
☐ Submit Sick Call Request ☐ Send an Offender Request To: _____
☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) _____

Called offender over, pharmacy issued Naproxen.
Ibuprofen issue resolved by pharmacy as well.

☐ Your grievance has been determined to be an emergency and the following action has been taken:

- ☐ Sent to Hospital: Date Transported _____ ☐ Other (Provide detailed explanation below) _____

1/10/16 @ 1248 PM Brynn Rigglesman Phlebotomist
Date/Time Respondent Signature Name/Title Printed

☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment ☐ Will be referred for investigation

Determination by: _____
Signature Name/Title Printed Date/Time

RECEIVED RECEIVED

APR 19 2016

APR 28 2016

OFFICE OF HEALTH SERVICES GRIEVANCE OFFICE

SA000562



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A-7

DOC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 03/16/2016 at 1:06 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00087
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you are being charged co-pay for medication which is not working.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Be advised that there is a \$2 co-pay charge for each new or renewed non-exempt prescription order from the physician. This issue is governed by OP 720.4.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

[Signature] 3.18.16

Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date
--	------

RECEIVED
11/1/17
GRIEVANCE OFFICE

Offender Grievance Response - Level II

Report run on 03/16/2016 at 1:06 PM

Rev. 05/31/2007

SA000587

PLAINTIFF'S EXHIBIT 5



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 03/08/2016 at 10:45 AM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current ... Augusta Correctional Center	ACC-16-REG-00087
Housing		Filed	
N-4-30-T		Augusta Correctional Center	

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state you don't have copies of your trust statements from a year ago. You have been prescribed these medications over the past year and it is in your file. Dr. Moreno knew you had previously taken Naproxen and Zanaflex before he prescribed them again and he knew that they didn't help your condition. You state that he wanted to experiment with a three medication combination so you want to know why you are being charged for the experimental treatment. If you refuse you are non-compliant. You want medical to stop charging you a Co-pay for medication that you are being forced to take even though it has proven not to work in the past.

Informal Summary: Nurse Campbell states please submit a copy of your trust receipt for review.

Investigation: According to Ms. Shipp, RN per Operating Procedure 720.4 there is a \$2.00 Co-pay Charge for new medications or renewals. You accepted the medicine therefore you were charged the \$2.00 Co-pay for it. You are being charged in accordance with Operating Procedure 720.4.

Procedure: This matter is governed by Operating Procedure 720.4.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent

JAW

Date

3/8/16

I wish to appeal the Level I response because: *IF I refuse medication I am consider as refusing Treatment. IF I Explain to the Dr. That I Am or Already have taken the medication for the Same issue he/she just re-prescribes it again. The issue is Not That I am being charged for medication. The Issue is that I'm being charged over and over for the Same medication's that didn't work the first Time They were prescribed. Medical staff cannot Confirm my Question when I ask if any of the prescribed medications have been Scientifically proven to repair a lateral disc bulge. The medication doesn't work any time they prescribe it!! This is deliberate indifference!!*

Offender Signature

Terry Riggleman

Date

3-9-16

RECEIVED

MAR 15 2016

OFFICE OF HEALTH SERVICES

RECEIVED

GRIEVANCE OFFICE

Page 1 of 1

Rev. 05/31/2007

SA000588



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_J-13

REGULAR GRIEVANCE

Log Number: ACC16 Reg 0087

<u>Rigglesman</u>	<u>Terry</u>	<u>1000538</u>	<u>C-1</u>	<u>19</u>
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I don't have copies of my trust statement from a year ago. I have been prescribed these medications over the past year and it is in my file. All the Nurse has to do is get on the computer the same way the Dr does when they see you. Dr. Moreno knew I had previously taken Naproxen and Zanaflex before he prescribed them again and he knew they didn't help my condition. He wanted to experiment with a three medication combination. Why am I being charged co/pay for experimental treatment?? If I refuse I'm in Non-compliance.

What action do you want taken? I want to stop being charged co/pay for medication that I am being forced to take even though it has proven not to work in the past!!

Grievant's Signature: Terry Rigglesman RECEIVED Date: 1-12-16

Warden/Superintendent's Office:

Date Received: MAR 15 2016

RECEIVED

FEB 12 2015

JAN 19 2016

OFFICE OF HEALTH SERVICES

1 of 2

Revision Date: 1/14/13

SA000589



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

RECEIVED

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Riggelman 1000538 C-1-19
Offender Name Offender Number Housing Assignment
☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): I am being charged co-pay to take medicine again that I have previously taken that didn't work. I saw Dr. Moreno on 1-5-16 regarding an L3/L4 left posterior lateral disc bulge that is irritating the exiting L3 nerve root and causing me constant chronic sciatic nerve pain since 11-29-14. Dr. Moreno prescribed me Naproxen and Zanaflex. I informed Dr. Moreno that I have previously taken Naproxen and Zanaflex and neither did anything to help my condition. He said for me to take them for a month and if they don't help he had another medication he could try on my complaint. I'm being charged co-pay for the same medications over and over that I already know don't work. If Dr. Moreno is to experiment on medical combinations with me why am I being charged for them when they didn't work the first time?

Offender Signature Terry Riggelman Date 1-6-16

Offenders - Do Not Write Below This Line

Date Received: 1/7/16

Response Due: 1/17/16

Action Taken/Response:

Assigned to: Medical

Tracking # ACC1600001

Please submit a copy of your first rec'd for review.

J. Campbell
Respondent Signature

L. Campbell
Printed Name and Title

7/8/15
Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: MAR 15 2016 Date: _____

SA000590



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A-7

DOC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 03/17/2016 at 8:35 AM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00044
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

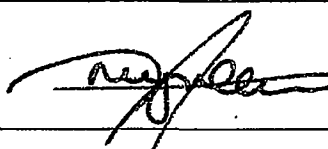
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you are being forced to take pain medications which may harm your liver, and have proven to be ineffective in relieving your nerve pain.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. The ACC physician will determine the appropriate pain medication that is appropriate for you, given your chronic care condition. However, you were advised that you may choose not to take the medication prescribed by the physician. This issue is governed by restricted policy.

If you have any further issues, please resubmit a sick call request for further evaluation of your prescription medications and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

		3.18.16
Regional Director, Health Services Director, or Chief of Operations for Offender Management Services		Date

RECEIVED
GRIEVANCE OFFICE

PLAINTIFF'S EXHIBIT 5



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 03/03/2016 at 1:45 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current - Augusta Correctional Center	ACC-16-REG-00044
Housing		Filed	
N-4-30-T		Augusta Correctional Center	

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that if you refuse to take medications that have already proven not to work and are harmful to your live then you will be non-compliance. Medical even admits this so you want to know why you are being prescribed medication that is harmful and doesn't work. You claim this is a clear attempt to either harm you or get your to refuse medication so medical won't have to treat you.

Informal Summary: RN Campbell states you do not have to take medication if you feel it is harming you. The medical doctors here are aware of your conditions and came up with the best possible treatment plan. If the medication is not working for out or your are worried, please address it in your next visit. You can turn your card back in, but it will be in non-compliance.

Investigation: According to medical the doctor's try different medications depending on the situation. If you have questions concerning your medications you are encouraged to address your concerns during your visit with the doctor. If you don't want the medication you do not have to accept it. You are being followed and treated in accordance protocol.

Procedure: Operating Procedure 720.5 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

	3/4/16
Warden/Superintendent	Date

I wish to appeal the Level I response because: I have addressed this concern with Dr. Moreno and his only concern is giving me the run around. He claims none of the medications are hard on my liver but he won't put it in writing so I have documented proof. He wants me to refuse medication so he won't be liable to treat me at ACC but I'm NOT going to ever do that. This is clear deliberate indifference and gross negligence to prescribe medication that doesn't help my back and harms my liver.

Offender Signature

MAR 16 2016

OFFICE OF HEALTH SERVICES



VIRGINIA
 DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

REGULAR GRIEVANCE

Log Number: Accel Reg 00044

<u>Rigglenan</u>	<u>Terry</u>	<u>1000538</u>	<u>C-1</u>	<u>19</u>
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) As you can see by the response to the attached informal complaint is I refuse to take medication that has already proven not to work and is harmful to my liver I will be in non-compliance. Even medical admits this. So why am I being re-prescribed medication that is harmful and doesn't work?? This is a clear attempt to either harm me or get me to refuse medication so medical won't have to treat me at all. I informed Dr. Moreno that I had tried these medications in the past and they didn't work and that I have hep.C and shouldn't take useless medication because it is harmful!!

What action do you want taken? I want proper treatment that is effective towards fixing my L3/L4 lateral disc bulge that is contacting the L3 nerve root!!

RECEIVED
 MAR 16 2016

OFFICE OF HEALTH SERVICES

Grievant's Signature: Terry Rigglenan Date: 1-12-16

Warden/Superintendent's Office: _____

Date Received: _____

GRIEVANCE OFFICE

JAN 19 2016



VIRGINIA DEPARTMENT OF CORRECTIONS
 Informal Complaint

RECEIVED

JAN 18 2016

Effective Date: July 1, 2013
 Operating Procedure 866.1 Attachment 2

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Rigglesman 1000538 C-1-19
 Offender Name Offender Number Housing Assignment
☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): I have hep C and medications are bad for my liver, On 1-5-16 I saw
moreno regarding L3/L4 disc bulge that is contacting a nerve and causing me chronic sciatic pain since 11-29-14. Dr. Moreno
scribed me Noratriptolene, Naproxen and Zanaflex. I informed Dr. Moreno that I had hep C and I didn't like to take medication with
works because it's not good for hep C patients. He insisted that I take the prescribed medication even though I have
viously taken Naproxen and Zanaflex before and neither helped my nerve pain. If I refuse I am refusing treatment b
I take these medications and they do harm to my liver then what. My complaint is I'm being forced to
take medication that may harm my liver even though the medication has proven not to work.

Offender Signature Terry Rigglesman Date 1-6-16

Offenders - Do Not Write Below This Line

Date Received: 1/7/16 Tracking # ACW Info 104
 Response Due: 1/17/16 Assigned to: Medical
 Action Taken/Response:

You do not have to take medication if you feel it is
harming you. The medical doctors here are aware of
your conditions & come up with the best possible treatment
plan. If the medication is not working for you or you
are worried, please address it in your next visit. You
can turn your card back in, but it will be in non-compliance.

RECEIVED

L. Campbell L. Campbell RN MAR 16 2016 1/8/15
 Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____
 Staff Witness Signature: _____ Date: _____



VIRGINIA
 DEPARTMENT OF CORRECTIONS

RECEIVED

Offender Request 801_F3_7-12

Offender Request

JAN 07 2016

MEDICAL

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Riggelman	Terry	A	1000538	C-1-19
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
Housselman	Taylor	1-6-16		

- TO: ☐ Unit Manager ☒ Medical ☐ Personal Property ☐ Law Library ☐ Security
- ☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting
- ☐ Chaplain ☐ Assistant Warden ☐ Warden ☐ Other

CHECK PURPOSE ☐ Appointment Request ☒ Question/Statement

1-5-16 I saw Dr. Moreno regarding a L4/L5 left posterior lateral disc bulge that is contacting the exiting left L3 nerve root and has been using me constant chronic sciatic nerve pain since 11-29-14. (MRI on file) Dr. Moreno prescribed me 3 medications: Norectripton, proxe and Zanaflex. I have previously taken Naproxen and Zanaflex and neither helped my condition. My question to you is in your expert medical opinion is there any scientific evidence that any of these three prescribed medications has been known to heal a lateral disc bulge??

Thank you

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☒ Yes ☐ No; Routed to: _____ Date: _____

In order to better address your question + provide you the care you need, if the medication is not working please submit a sick call request so we can get you back in to see MD

RECEIVED

RECEIVED

MAR 16 2016

RECEIVED

JAN 19 2016

Offender seen ☐ Yes ☒ No

J. Campbell
 Official Responding

1/8/16
 Date of Response

GRIEVANCE OFFICE OF HEALTH SERVICES

Revision Date: 7/16/12

SA000606



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A-7

DOC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 03/17/2016 at 10:17 AM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00046
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you are having chronic pain from a lateral disc bulge which is contacting the L-3 nerve ending.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Be advised that this is a repetitive issue. Please note the level II grievance response #00012. This issue is governed by restricted policy.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

[Signature] 3.18.16

Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date
--	------

RECEIVED
2016-03-18
GRIEVANCE OFFICE

Offender Grievance Response - Level II

Rev. 05/31/2007

Report run on 03/17/2016 at 10:17 AM

SA000607



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 03/03/2016 at 2:26 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00046
Housing		Filed	
N-4-30-T		Augusta Correctional Center	

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that your last complaints were answered in a timely manner but it still doesn't address the fact that all of the previous ones were not. You state that it is sad that you have to push all of this paperwork just to get help for a documented medical condition.

Informal Summary: RN Campbell states I have 4 informal complaints receive as of today. They are all being returned to you answered.

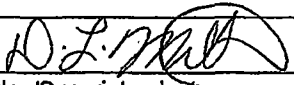
Investigation: According to medical all of your paperwork has been responded to and returned to you. The doctor will determine the best treatment possible for you in accordance with protocol. The physician has protocols that must be follow for any and all treatment. Dr. Moreno will determine the medication/treatment necessary to get your pain under control.

Procedure: Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

	3/4/16
Warden/Superintendent	Date

I wish to appeal the Level I response because: *As you can see by the last attached page some paperwork is not even being answered. This level one response has a date of 3/4/16 on it but I didn't receive it until tonight 3/6/16 so how come it takes 2 days to get to me cutting into my 5 day deadline?? This is clear deliberate indifference and a stall tactic.*

RECEIVED

MAR 16 2016

Offender Signature <i>Terry Riggleman</i>	OFFICE OF HEALTH SERVICES Date 3-6-16
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GRIEVANCE OFFICE

PLAINTIFF'S EXHIBIT 5



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_1-13

REGULAR GRIEVANCE

Log Number: ACC16 Reg 00046

Riggelman	Terry	1000534	C-1	19
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I agree that the last informal complaints were answered in a timely manner but it still doesn't address the fact that all of the previous ones were not. It's sad that I have to push all of this paperwork just to get help for a documented medical condition. Even though the request forms and informal complaints are being answered most of them are evasive answers or vague responses. As you can see by the attached request forms some questions are not being answered at all!! One of the attached request forms was sent back not answered at all!!

What action do you want taken? I want my L3/L4 lateral disc bulge that is contacting the L3 Nerve ending to be fixed. I'm in pain!!

RECEIVED
MAR 16 2016
OFFICE OF HEALTH SERVICES

Grievant's Signature: George Riggelman RECEIVED Date: 1-12-16

Warden/Superintendent's Office: _____

Date Received: _____

GRIEVANCE OFFICE

JAN 19 2016



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

RECEIVED

JAN 08 2016

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

Informal Complaint MEDICAL

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Rigglen

1000538

C-1-19

Offender Name

Offender Number

Housing Assignment

☐ Unit Manager/Supervisor

☐ Food Service

☐ Treatment Program Supervisor

☐ Personal Property

☐ Commissary

☐ Mailroom

☒ Medical Administrator

☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): There is a delay by medical staff in answering requests for informal complaints. On 12-17-15 I sent several request forms and 3 informal complaints to medical about chronic pain I have been in since 11-29-14 from an L3/L4 lateral disc bulge. Contacting the existing L3 nerve root. Ms. Landrum, HSA, called me to medical to discuss why I was filing so much paperwork and we discussed my situation and I informed her that by Avenue I have to access the court in this matter is to first exhaust my internal remedies. After that conversation answered one informal complaint on 12-29-15 and I received one tonight 1-6-16 conveniently dated for 1-4-16 when deadline was 1-5-16. I feel like my right to access the court in this matter is being deliberately held up. None of the request forms have been answered.

Offender Signature

Terry Rigglen

Date

1-6-16

Offenders - Do Not Write Below This Line

Date Received:

1/7/16

Response Due:

1/12/16

Action Taken/Response:

Assigned to:

Tracking # ACC16 J0100105
Medical

I have 4 informal complaints received as of today.
They are all being returned to you answered.

RECEIVED

MAR 16 2016

OFFICE OF HEALTH SERVICES

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

JAN 19 2016

Staff Witness Signature:

Date:

SA000610

PLAINTIFF'S EXHIBIT 5

Was told in Emergency Grievance to contact MD. per req. y!!



VIRGINIA
DEPARTMENT OF CORRECTIONS

RECEIVED

Offender Request 801_F3_7-12

DEC 18 2015

Offender Request

MEDICAL

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Rigglesman	Terry	A	1000538	C-1-19
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
Houseman	Taylor	12-17-15		

- TO: ☐ Unit Manager ☒ Medical ☐ Personal Property ☐ Law Library ☐ Security
- ☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting
- ☐ Chaplain ☐ Assistant Warden ☐ Warden ☐ Other

CHECK PURPOSE ☐ Appointment Request ☒ Question/Statement

I saw you on 12-10-15 about my chronic sciatic pain. You prescribed me analgesic balm and 300mg of Neurontin twice daily. I was charged \$2.00 med-co-pay for both of these medications. I was informed today in an Emergency Grievance that I filed that the DOC did not approve the Neurontin. If this is the case then you need to put me in to see a Back Specialist because I am in severe pain I can't sleep and you know by my MRI done on 11-20-15 that in my L3/L4 I have left posterior lateral disc bulge which is contacting the exiting left L3 nerve root. We know this also because I have been in severe pain for over a year now so is the DOC doesn't want to give me medicine that may help I'm really fine with that because what I really need is to get the disc off of the nerve!!

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: _____ Date: _____

You are scheduled to see the doctor

RECEIVED

MAR 16 2016

OFFICE OF HEALTH SERVICES

Offender seen ☐ Yes ☒ No

Landrum, KSA

Official Responding

RECEIVED JAN 19 2016

1/4/16

Date of Response

SA000611

PLAINTIFF'S EXHIBIT 5



VIRGINIA
DEPARTMENT OF CORRECTIONS

RECEIVED

Offender Request 801_F3_7-12

Offender Request

DEC 18 2015

MEDICAL

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Riggelman	Terry	A	1000538	C-1-19
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
Houseman	Taylor	12-17-15		

TO: ☐ Unit Manager
☐ Treatment
☐ Chaplain

☒ Medical
☐ Mental Health
☐ Assistant Warden

☐ Personal Property
☐ Education
☐ Warden

☐ Law Library
☐ Enterprise Shop
☐ Security
☐ Accounting

☒ Other DR. LANDAUER

CHECK PURPOSE

☐ Appointment Request

☒ Question/Statement

have an ongoing Sciatic Nerve problem that escalated 11-29-14, I have been going to medical continuously
nce trying all kinds of pills, stretching, Hot/cold packs etc. Finally 11-20-15 I was taken for an MRI. The
MRI shows 2 mild broad-based disc bulges and 1 left posterior disc bulge which may be contacting the exiting
5th L3 Nerve root. I am in serious pain and have been for over a year now. The pain Radiates from the
middle of my back all the way down my left leg and foot. Today 12-17-15 I was given Analgesic balm and
nothing else for this issue. The stated use for this medicine is: "For temporary relief of minor aches and pain of muscle
& joints." I don't have muscle pain or joint pain I have a disc that is touching a Nerve!! The Analgesic Balm
so states "If symptoms persist more than 7 days" consult a doctor well my symptoms have occurred so
13 days Non stop!! I can't get medication to help then I need the problem fixed. This is my
tempt to let you know that the Sick Call process isn't working and I am in 8th Amendment Violating PAIN!!

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: _____ Date: _____

RECEIVED

MAR 16 2016

OFFICE OF HEALTH SERVICES

JAN 19 2016

Offender seen ☐ Yes ☐ No

Official Responding

Date of Response

SA000612



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Continuance Receipt

866.1 r3D

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/18/2016 at 4:24 PM

Grievance Number: ACC-16-REG-00044Next Action Date: 03/10/2016 12:00 AM

Continuance

Level	Due Date	Reason	By
1	03/10/2016	Awaiting information	Conner, Sandra D
2			
3			

On this date: 01/19/2016 I have received a statement from:Riggleman, Terry A1000538

of

Augusta Correctional Center(Offender Name and DOC#)C-1-19-T(Filed Location and Housing)

Setting out the following complaint:

States he is being forced to take medications that may be harmful to his liver due to his Hep C - Naproxen and Zanaflex which do not help with his pain or he will be in non-compliance.

S. D. Conner
Hr Rights Advocate

(Signature)(Title)

PLAINTIFF'S EXHIBIT 5



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1-A-7

DO. Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 02/26/2016 at 2:50 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00045
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

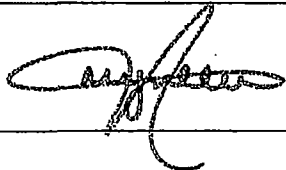
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that your medications are being delayed and you did not receive your Naprosyn self-medication on 01/06/16.

Based on the information provided and upon further investigation, I disagree with the Level one response and determine your grievance **FOUNDED**. According to the informal response on 01/08/16, it is noted that your Naprosyn medication was ordered and "you will be called over when it arrives." This indicates that there was no resolution to your complaint at the informal level because you did not receive the medication. Therefore, your level II grievance is determined to be founded. This issue is governed by restricted policy.

It is noted on the level I response that your self-medications were issued on 01/06/16 and your Naprosyn prescription was issued to you as a self-medication on 01/10/16. ACC Medical will be reminded to develop a plan to ensure procedures are followed in accordance with policy. There is no further action needed. If you have any further issues, please submit a sick call request to the medical department at your facility.

In accordance with OP 866.1 governing the Inmate Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.



2-29-16

Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date
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Offender Grievance Response - Level II

Report run on 02/26/2016 at 2:50 PM

RECEIVED

MR - 8 203

GRIEVANCE OFFICE

Rev. 05/31/2007



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

86 1-6

DOC Location: ACC Augusta Correctional Center

Report generated by Frady, J D

Report run on 02/19/2016 at 12:29 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00045
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that medications are not being handed out in a timely manner, as you had to write an emergency grievance just to obtain your medication. You want medications to be handed out when it comes in not days or even weeks later. You state that it shouldn't take an emergency grievance to receive medications that have already been prescribed.

Informal Summary: RN: Shipp states that your Naproxen, ordered by Dr. Moreno, was a new order, as your old one had expired several months before. The medication had to be ordered and it takes a day or two to get it in. You will be called over when it arrives.

Investigation: Per medical, Your medication orders were written on 1/6/16 and you medications Elavin and Zanaflex were administered in pill line starting on 1/8/16. Your Naproxen was given to you as a self-med on 1/10/16 by the self-med nurse.

Procedure: This matter is governed by a Restricted Operating Procedure.

Based on the above information your grievance is deemed UNFOUNDED

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent	<i>IAcwood</i>	Date	2/22/16
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I wish to appeal the Level I response because: *per the response to the informal summary RN! Shipp says it takes a day or two to get meds and I would be called over when they came in. I took five days to receive my Naproxen as I saw the dr. on 1-5-16 and furthermore I wasn't called over when it came in I had to file an emergency grievance to be called over to pick it up. This is not the first time I've had problems receiving medication in a timely manner and I'm not the only one having this problem*

Offender Signature	<i>Terry Riggleman</i>	Date	2-22-16
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RECEIVED

FEB 25 2016

OFFICE OF HEALTH SERVICES

RECEIVED

MAR - 3 2016

GRIEVANCE OFFICE

PLAINTIFF'S EXHIBIT 5



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_1-13

REGULAR GRIEVANCE

Log Number: Acc 16 Reg 00045

Riggelman Last Name	Terry First	1000538 Number	C-1 Building	19 Cell/Bed Number
<p>WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) <u>As you can see by the Attached Emergency Grievance medication is Not being handed out in a timely manner. As I had to put in an Emergency Grievance Just to obtain my medication. Furthermore The Response to my informal complaint regarding the Dr. Questioning me as to "why there was a time delay" in me being prescribed medication and it actually being recieved by me was not addressed. It seems all responses to any Request forms or informal complaints are Just Vague Run-around Statements.</u></p>				
<p>What action do you want taken? <u>I want medication to be handed out when it comes in Not days or even Sometimes weeks later. It shouldn't take emergency Grievances to recieve medication that has already been prescribed.</u></p>				
Grievant's Signature: <u>Terry Riggelman</u>		Date: <u>1-12-16</u>		

Warden/Superintendent's Office

Date Received:

FEB 25 2016

OFFICE OF HEALTH SERVICES

1 of 2

Revision Date: 1/14/13

SA000651



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

RECEIVED
JAN 08 2016

Effective Date: July 1, 2013
Filing Procedure 866.1 Attachment 2

Informal Complaint MEDICAL

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Rigglesman 1500538 C-1-19
Offender Name Offender Number Housing Assignment
☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): prescribed medications are not being handed out in a timely manner and the Dr. is looking at me like it's my fault there is a lapse in time between he prescribing of medication and me picking it up. Dr. Moreno Asked me at my visit on 1-5-16 why I was previously prescribed Naproxen it took me over a month to pick it up. My complaint is the delay in giving us our prescribed medication is straining the Dr./patient consultations and hindering access to timely and proper future treatment.

Offender Signature Terry Rigglesman Date 1-6-16
Offenders - Do Not Write Below This Line

Date Received: 1/7/16 Tracking # ACC160103
Response Due: 1/17/16 Assigned to: Medical
Action Taken/Response:

Your naproxen order by Dr. Moreno was a new order as your old one had expired several months before. The medication had to be ordered. It takes a day or two to get it in. You will be called over when it arrives

RECEIVED

MAR - 8 2016

J. Campbell
Respondent Signature

L. Campbell
Printed Name and Title

RECEIVED
JAN 19 2016
GRIEVANCE OFFICE
Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____
Staff Witness Signature: _____ Date: _____

OFFICE OF HEALTH SERVICES

Revision Date: 4/9/13

SA000652



VIRGINIA DEPARTMENT OF CORRECTIONS
 Emergency Grievance

Revised 7/17/15; Effective Date: July 1, 2013
 Operating Procedure 866.1 Attachment 3

Emergency Grievance

Log # 002090

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Offender Last Name: Rigglesman First: Terry Number: 1000538 Facility: ACC Building-Cell/Bed: C-1-19

PART A-OFFENDER CLAIM

What is the emergency? I Am in PAIN!! I was prescribed Naproxen, Zanaflex and elavil on 1-5-16 for back pain. Was given Zanaflex & elavil on 1-8-16 and told Naproxen was here but I would be called over to pick it up for self-med. On 1-9-16 was told elavil had to be re-ordered because it wasn't here. Funny it was here for 1 day on 1-8-16. Today is 1-10-16 and I still haven't been given Naproxen!! I'm in pain!!

Date/Time: 1-10-16 11:27 Am Offender Signature and Number: Berry Rigglesman 1000538

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- ☒ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
- ☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen _____
 - ☐ Submit Sick Call Request ☐ Send an Offender Request To: _____
 - ☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) _____

Called offender over, pharmacy issued Naproxen. Elavil issue resolved by pharmacy as well.

- ☐ Your grievance has been determined to be an emergency and the following action has been taken:
- ☐ Sent to Hospital: Date Transported _____ ☐ Other (Provide detailed explanation below) _____

RECEIVED

FEB 25 2016

JAN 19 2016

Date/Time: 1/10/16 @ 1248 PM Respondent Signature: [Signature] Name/Title Printed: Phlebotomist

- ☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified
- Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Determination by: _____ Signature: _____ Name/Title Printed: _____ Date/Time: _____

Distribution: Original Grievance returned to Offender Copy forwarded to Inmate

RECEIVED

MAR -8 2016

GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866 7

DOC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 02/22/2016 at 2:41 PM

COPY

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00030
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

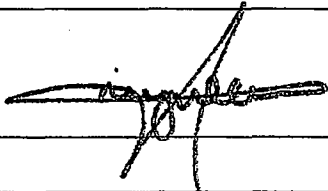
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that Analgesic balm was prescribed for your sciatic nerve pain for 30 days, which was more than 7 days.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. The ACC physician is responsible for your medical care and will determine the course of your back treatment. This includes prescribing you medication for a specified time frame. It is documented in your medical record that you were seen by the physician for your back pain in December and January 2016. Be advised that you should have unimpeded access to the ACC medical department if you have concerns regarding your medical treatment. This issue is governed by **restricted policy**.

If you have any further issues, please resubmit a sick call request for further evaluation of your nerve pain and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

 2-24-16

Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date
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RECEIVED

MAR 03 2016

GRIEVANCE OFFICE

Offender Grievance Response - Level II

Report run on 02/22/2016 at 2:41 PM

Rev. 05/31/2007

SA000654



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/09/2016 at 2:55 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00030
Housing		Filed	
C-1-19-T		Augusta Correctional Center	

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that you were issued Analgesic balm on 12-18-15 for L3/L4 left posterior lateral disc bulge which is contacting the exiting L3 nerve root. The disc bulge is causing sciatic nerve pain and has been for over a year now. The Analgesic balm is for temporary relief of minor aches and pain of muscles and joints however you have nerve pain. You were instructed to use the medication twice daily for 30 days. The warning on the medication says not to use more than 7 days. This is not proper prescribing of medication or proper medical treatment. You are in pain and you want the L3/L4 disc evaluated and repaired by a qualified physician.

Informal Summary: Ms. Landrum states you have been scheduled to see the doctor for a follow-up.

Investigation: According to medical if the attending physician feels that you may need further testing or an outside evaluation you will be referred. You are being treated in accordance with protocol. If you feel that your condition has worsened you need to submit a sick call to be re-evaluated.

Procedure: Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent <i>JAW</i>	Date <i>2/8/16</i>
----------------------------------	--------------------

I wish to appeal the Level I response because: For some Ms. Landrum hasn't worked at this facility in several weeks and for two the informal summary and the investigation doesn't address the issue of being improperly prescribed medication for a longer period than the manufacturer of the medication recommends. This is malpractice. I have been seen by the Dr. twice since filing the complaint. Once on 1-5-16 and today 2-9-16. I'm still not getting any help for my documented injury!! Simply applying the same answer to the grievance as the informal complaint is not an investigation!!

Offender Signature <i>Terry Riggleman</i>	Date <i>2-9-16</i>
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RECEIVED

FEB 16 2016

OFFICE OF HEALTH SERVICES

RECEIVED

MAR 03 2016

GRIEVANCE OFFICE

Page 1 of 1

Rev. 05/31/2007

SA000655

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

REGULAR GRIEVANCE

Log Number: ACC16Reg00030

Riggelman	Terry	1000534	C-1	197
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) On 12-18-15 I was issued Analgesic balm for an L3/L4 left posterior lateral disc bulge which is contacting the exiting L3 Nerve root (MRI inside). The disc bulge is causing Sciatic Nerve pain and has been for over a year now. The problem is the tube of Analgesic balm says This focuses: "For Temporary relief of minor aches and pain of muscles and joints. I have Nerve pain Not muscle and Joint pain and I wouldn't consider over a year of constant chronic pain minor. Plus I was instructed to use the medication twice daily for 30 days. The warning on the medication says Not to use more than 7 days. This is not proper prescribing of medication or proper medical treatment. I am in pain. The Informal Complaint was not answered in the allotted time so I am attaching receipt.

What action do you want taken? I want the L3/L4 left posterior lateral disc and any other bad discs in my back to be evaluated and repaired by a qualified physician.

RECEIVED
FEB 16 2016

OFFICE OF HEALTH SERVICES

Grievant's Signature: Terry Riggelman Date: 1-6-16

Warden/Superintendent's Office:

Date Received:

JAN 11 2016

RECEIVED

RECEIVED MAR 03 2016
JAN -7 2016 GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

RECEIVED

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

DEC 22 2015

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Riggelman

1900538

C-1-19

Offender Name

Offender Number

Housing Assignment

☐ Unit Manager/Supervisor

☐ Food Service

☐ Treatment Program Supervisor

☐ Personal Property

☐ Commissary

☐ Mailroom

☒ Medical Administrator

☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific):

12-17-15 I was issued Analgesic Balm for An L3/L4; Left posterior lateral disc bulge which may be contacting the exiting left L3 Nerve root. This disc bulge is causing Sciatic Nerve pain from the middle of my back all the way down my left leg and foot. The medicine I was issued as the following statement for uses: "For temporary relief of minor aches and pains of muscles and joints". I have Nerve pain not muscle or joint pain. I am not being treated properly and I am being prescribed medication in an experimental fashion. I need help I Am in pain!!

Offender Signature

Terry Riggelman

Date 12-17-15

Offenders - Do Not Write Below This Line

Date Received:

12/21/15

Tracking #

ACC 155105937

Response Due:

12/31/15

Assigned to:

Medical

Action Taken/Response:

You have been scheduled to see the doctor for a follow up.

RECEIVED

FEB 16 2016

OFFICE OF HEALTH SERVICES

Ms. Landrum, HSA

Ms. Landrum, HSA

1/4/16

Respondent Signature

Printed Name and Title

Date

RECEIVED

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

JAN 11 2016

Date:

Staff Witness Signature:

Date:

MAR 03 2016

Revision Date: 4/9/13

SA000657



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A-7

DO Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 02/18/2016 at 1:07 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00011
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

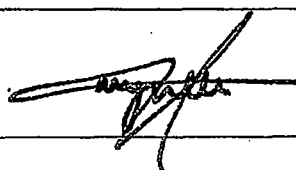
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint you have not received your Neurontin and Analgesic balm medications which were prescribed to you on 12/10/15.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. As you were advised, it is reported that you received the Analgesic balm during the informal process of your complaint on 12/18/15. It is further reported that you refused the prescribed Neurontin. This issue is governed by restricted policy.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.



2.19.16

Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date
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Offender Grievance Response - Level II

Report run on 02/18/2016 at 1:07 PM

RECEIVED
MAR - 1 2016
GRIEVANCE OFFICE

Rev. 05/31/2007



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

86 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/09/2016 at 2:59 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00011
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that you were prescribed medication on 12-10-15 and it took eight days, an informal and emergency grievance just to obtain something as simple as analgesic balm. This is in no way considered humane or a safe medical practice. This type of delay in medication is unexcusable. You want any and all medical services to be done in a reasonable timely manner including distributing medication as well as administering proper medical care.

Informal Summary: Ms. Landrum states you received your balm KOP on 12-18-15. The Gabepentin 300mg was denied and sent back to he physician for review.

Investigation: According to Ms. Campbell this matter has been addressed however the medical department has no control over the delivery of medication. As soon as medications are received and inventoried they are issued.

Procedure: This matter is governed by a restricted Operating Procedure.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent	Date
JANON	2/9/16

I wish to appeal the Level I response because: *If medical has no controll over the delivery of medication Then who does?? If medications are issued as soon as they are received and inventoried Then why did it take the attached emergency grievance to get mine?? I know for a fact i'm not the only one at A.C.C. who is having problems getting medication once it has been prescribed. I've had an issue since this one and that is in the "paperwork" process Also! Besides Ms. Landrum has been gone from A.C.C. for several weeks now!!*

Offender Signature	Date
Terry Riggleman	2-9-16

RECEIVED

FEB 16 2016

OFFICE OF HEALTH SERVICES

RECEIVED

FEB -1 2016

GRIEVANCE OFFICE

Page 1 of 1

Rev. 05/31/2007

SA000664

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_1-13

REGULAR GRIEVANCE

Log Number:

Accre Reg 00011

Rigglesman	Terry	1000538	C-1	19T
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I was prescribed medication on 12-10-15 and it took eight days an informal complaint, and an emergency grievance just to obtain something as simple as analgesic pain. This in no way can be considered humane or safe medical practice. The attached copies of both the informal complaint and the emergency grievance shows the extent a person has to go through here while they have been in chronic pain due to a L3/L4 left posterior lateral disc bulge that is contacting the exiting left L3 nerve root since 11-29-14. (MRI in file) This type of delay in medication is unexcuseable. Especially since we are given only the bare minimal treatment anyhow.

What action do you want taken? Medical needs to be made aware that they are dealing with live human beings and regardless if we are incarcerated or not All people should be treated with professional and compassionate medical care. Any and All medical services should be done in a reasonably timely manner including distributing medication as well as administering proper medical care!!

Grievant's Signature: Terry Rigglesman

Date: 1-6-16

Warden/Superintendent's Office:

Date Received:

FEB 16 2016

OFFICE OF HEALTH SERVICES

1 of 2

Revision Date: 1/14/13

SA000665



VIRGINIA DEPARTMENT OF CORRECTIONS
 Informal Complaint

RECEIVED

DEC 29 2015

Effective Date: July 1, 2013
 Operating Procedure 866.1 Attachment 2

Informal Complaint

MEDICAL

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Terry Riggelman Offender Number: 1000538 Housing Assignment: C-1-19
☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): medicall is incompetent to order medication!!
I was prescribed Neurontin & Analgesic balm on 12-10-15 for chronic Sciatic/back pain. I was charged med @
15.400 on 12-11-15 for these medications. I still haven't received them and I am being told by the
nurse at the pill window that there is no record on the computer of me being prescribed Neurontin. I
ave been in serious pain for over a year now and haven't been taken seriously. I finally got an MRI
on 11-20-15 and it shows I have 3 lumbar disc bulges with one contacting exiting L3 Nerve root. This is
on my side. Why can't medication be received in A Timely manner here?? I'm in PAIN!!

Offender Signature: Terry Riggelman Date: 12-17-15

Offenders - Do Not Write Below This Line

Date Received: 12/21/15 Tracking #: ACC15INT05938
 Response Due: 12/31/15 Assigned to: Medical
 Action Taken/Response:

You Received your balm KOP on 12/18/15 the
Gabapentin 300mg was denied and sent back to the
physician to review

RECEIVED

FEB 16 2016

OFFICE OF HEALTH SERVICES

Respondent Signature: MS. Landrum, HSA Printed Name and Title: MS. Landrum, HSA Date: 12/29/15

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: JAN - 7 2016

Staff Witness Signature: _____ Date: _____

Revision Date: 4/9/13

SA000666

Rev 7/17/15; Effective Date: July 1, 2013
Op. ing Procedure 866.1 Attachment 3

A DEPARTMENT OF CORRECTIONS
Emergency Grievance

Log # 002021

are provided for offender reporting and expedited staff responses to allegations that an offender is subject to imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of personal injury or irreparable harm.

Riggelman
Offender Last Name

Terry
First

1000538
Number

A.C.C.
Facility

C-1-19
Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? I was prescribed Neurontin and analgesic balm for chronic sciatic/back pain on 12-10-15. I was charged med-co pay on 12-11-15 for both medications. I am being told by the nurse at the pill window that there is no record of the Neurontin and I haven't been given the analgesic balm either. I had an MRI done on 11-30-15 and it shows I have 3 Lumbar Disc bulges one contacting L3 nerve root. I have been in severe pain for over a year now that includes daily. I need help!!
12-17-15 2:05 pm
Date/Time

Riggelman 1000538
Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- ☒ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
- ☐ Submit Informal Complaint
 - ☐ Submit Sick Call Request
 - ☐ Submit Request to Dental
 - ☐ Evaluated by Medical: Date Seen
 - ☐ Send an Offender Request to:
 - ☒ Other (Provide detailed explanation below)
- You will be called over for the analgesic balm, tonight. As for the Neurontin the DOC did not approve the order. Any further concerns need to be addressed on a Request for the MD.
- ☐ Your grievance has been determined to be an emergency and the following action has been taken:
- ☐ Sent to Hospital: Date Transported
 - ☐ Other (Provide detailed explanation below)

12-17-15 @ 3:15 pm
Date/Time

Sizemore, LPN / T Hamilton
Respondent Signature

Sizemore, LPN / T Hamilton
Name/Title Printed

- ☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified
- Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Determination by:

Signature

RECEIVED
FEB 16 2016
OFFICE OF HEALTH SERVICES

RECEIVED
JAN - 7 2016
GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A-7

DC Location: C00 Central Office,
 Administration

Report generated by Ray, H C

Report run on 02/18/2016 at 1:39 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00012
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

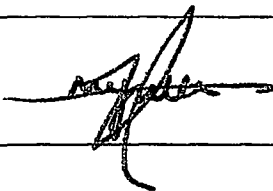
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint you have not your receiving treatment to fix a bulging disc in your lower back which is causing you pain throughout your back and leg.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Ultimately it is the discretion of the ACC physician to recommend you a medical specialty referral. It is reported that you are receiving the back treatment which the physician agrees is appropriate for you. This issue is governed by **OP 720.1**.

If you have any further issues, please resubmit a sick call request for further evaluation of your back pain and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.



2.19.16

Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date
--	------

RECEIVED
 MAR -1 2016
 GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

86r -6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/04/2016 at 1:45 PM

Offender Name	DOC#	Location	Grievance Number
Rigglesman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00012
Housing		Filed	
C-1-19-T		Augusta Correctional Center	

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that you are in chronic pain due to L3/L4 left posterior lateral disc bulge that is pressing on your L3 exiting nerve root. Since the pain started over a year ago you have been on the following medications: 800mg Ibuprofen, Mobit, Zanaflex, Flexaril, Naproxen and 3 separate times of Prednisone. None of these medications worked at all so you were sent for an MRI on 11-20-15. After the MRI showed you have three bulging discs Dr. Landauer prescribed Gabapentin and Analgesic balm for muscle spasms. You want the L3/L4 left posterior lateral disc bulge that is causing you pain throughout your back, hip, left leg and foot repaired.

Informal Summary: Ms. Landrum states you have been scheduled to see the doctor for a follow up.

Investigation: According to Nurse Campbell Dr. Moreno reviewed and signed off on your MRI. You are being followed and treated in accordance with protocol. If you are having issues or feel that your condition has worsened submit a sick call to be re-evaluated.

Procedure: Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent

JALBOLM

Date

2/9/16

I wish to appeal the Level I response because: For one Ms. Landrum no longer works here and for two and three I have seen Dr. Moreno twice since signing the Attached Informal complaint. 1-5-16 and 2-9-16. I can see the Dr. a million times and keep taking the same medications that don't work over and over and I will still be in daily documented pain until I am given proper medical treatment. In your expert medical opinion has medication ever fixed a lateral disc bulge? Because the medication I am being prescribed over and over is making mine worse!!

Offender Signature

Terry Rigglesman

Date

2-9-16

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FEB -1 2016
GRIEVANCE OFFICE

RECEIVED

FEB 16 2016

Page OFFICE OF HEALTH SERVICES Rev. 05/31/2007

SA000669

PLAINTIFF'S EXHIBIT 5



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_1-13

REGULAR GRIEVANCE

Log Number

Acc 16 Reg 00012

Rigglesman	Terry	1000538	C-1	197
Last Name	First	Number	Building	Cell/Bed Number
<p>WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) As you can see from the attached informal complaint and MRI I am in chronic pain due to L3/L4 left posterior lateral disc bulge that is pressing on my L3 exiting Nerve root. Since this pain started, over a year ago, I have been on the following medications: 800mg Ibuprofen, Motrin, Zanax, Seroquel, Naproxen and 3 separate times of prednisone (steroid). None of these medications worked at all so I was sent for an MRI on 11-20-15 (Copy Attached). After the MRI showed I have three bulging discs Dr. Landauer prescribed gabapentin and analgesic talm (for muscle spasms). I was told by Dr. Macdonald before the MRI that the only thing that is going to help me is to find out what is putting pressure on my Sciatic Nerve and get the pressure off of the Nerve. Now that we know that it is a disc no medication is going to fix a bulging disc especially if Dr. recommended treatment is being denied.</p> <p>What action do you want taken? I want the L3/L4 left posterior lateral disc bulge that is contacting the L3 Nerve root (we know this because of my pain) in my back that has been causing me Sciatic Nerve pain throughout my back, hip, left leg and foot since 11-29-14 to be repaired.</p>				
Grievant's Signature: <u>Terry Rigglesman</u>		Date: 1-6-16		

Warden/Superintendent's Office:

Date Received:

RECEIVED

FEB 16 2016

RECEIVED

JAN -7 2016

RECEIVED

JAN -1 2016

GRIEVANCE OFFICE

OFFICE OF HEALTH SERVICES

1 of 2

Revision Date: 1/14/13

SA000670

Augusta Health
78 Medical Center Drive
Fishersville, VA 22939

Augusta
HEALTH

RECEIVED

NOV 30 2015

MEDICAL

Department of Radiology
(540) 332-4400
(540) 932-4400

David C MacDonald DO
Augusta Correctional Center, 1821 Estaline Valley Rd
Craigs ville, VA 24430

Patient: RIGGLEMAN, TERRY	Acct #: M00063779128 Status: REG CLI	MR #: M0398745
Tech: RAD.A2M	Age/Sex: 39M	Loc: MRI
Report#: 1120-0436	Phys: David C MacDonald DO	Pat phone #: (540)997-7000
Report Source: Nuance	Dict. Date: 11/20/15 1703	

Status of this Report is Signed
Please note that Reports in Draft Status are not Final Reports

Report is final after physician e-signature

Date of Service: 11/20/15 Dictating Physician: David C Ratliff MD
Exam(s): 1120-0028 MRI/MRI * Spine Canal Lumbar w/o
DOB: 12/30/1975
Confidential Report: N
Diagnosis: LT LUMBAR PAIN
Reason for Exam: LT LUMBAR PAIN

Study: Lumbar spine MRI dated 11/20/2015 at 1557 hours.

Comparison: No previous available

History: Back pain

Technique: Multiple MR sequences were obtained through the lumbar spine before and after administration of contrast.

Findings:

5 nonrib-bearing lumbar vertebral bodies are identified. Alignment is anatomic. Vertebral body and intervertebral disc space height is well maintained throughout. Mild disc desiccation at L4-L5. The conus terminates at the L1 vertebral body level. No abnormal signal in the visualized distal cord.

L1/L2: Mild broad-based disc bulge. No canal stenosis or neuroforaminal narrowing.

L2/L3: No canal stenosis or neuroforaminal narrowing.

Ordering Physician copy
Page 1 of 2

RADIOLOGY REPORT

RECEIVED

FEB 16 2016

JAN - 7 2016

Signed

GRIEVANCE OFFICE

Dale Moreno, MD
Dale Moreno, MD

TELEPHONE SERVICES

PLAINTIFF'S EXHIBIT 5

Patient: RIGGLEMAN, TERR	Acct #: M000637	28
Unit #: M0398745	Report #: 1120-0436	
DOB: 12/30/1975		

L3/L4: Left posterior lateral disc bulge which may be contacting the exiting left L3 nerve root.

L4/L5: Broad-based disc bulge which is causing mild bilateral neuroforaminal narrowing

L5/S1: No canal stenosis or neuroforaminal narrowing.

The visualized soft tissue structures are unremarkable.

Impression:

Mild disc disease. The exiting left L3 nerve root may be contacted in the neural foramen.

Electronically signed by: David C Ratliff, MD
Date/Time signed: 11/20/15 1709

C: David C MacDonald DO

RECEIVED.

FEB 16 2016

OFFICE OF HEALTH SERVICES

1120-1203

RECEIVED
JAN - 7 2016
Moreno, MD

Ordering Physician copy
Page 2 of 2

RADIOLOGY REPORT

GRIEVANCE

Signed

JAN - 7

GRIEVANCE OFFICE

PLAINTIFF'S EXHIBIT 5

VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

RECEIVED

Effective Date: July 1, 2013

DEC 22 2015
Operating Procedure 866.1 Attachment 2Informal Complaint **MEDICAL**

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Riggeman 1000538 C-1-19
Offender Name Offender Number Housing Assignment
☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific):

I am in chronic pain due to Sciatica. I was dissatisfied by the Doc.
for medication recommended by Dr. Landrum on 12-10-15. I have An MRI
Dated 11-30-15 stating I have a disc pressing on my L3 Nerve root.
I am not being treated for my Chronic Pain despite going through
the proper sick call procedures and documented proof that I have problems!!
I Am in pain!! I can't sleep!!

Offender Signature Terry Riggeman Date 12-17-15

Offenders - Do Not Write Below This Line

Date Received: 12/21/15 Tracking # ACC1051605939
Response Due: 12/31/15 Assigned to: Medical
Action Taken/Response:

You have been scheduled to see the doctor
for a follow up.

RECEIVED

FEB 16 2016

OFFICE OF HEALTH SERVICES

MS. Landrum, HSA MS. Landrum, HSA 1/4/16
Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Revision Date: 4/9/13

SA000673



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Continuance Receipt

866.1

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/05/2016 at 4:11 PM

Grievance Number: ACC-16-REG-00012

Next Action Date: 02/19/2016 12:00 AM

Continuance

Level	Due Date	Reason	By
1	02/19/2016	Awaiting information	Conner, Sandra D
2			
3			

On this date: 01/07/2016 I have received a statement from:

Riggleman, Terry A

1000538

of

Augusta Correctional Center

(Offender Name and DOC#)

C-1-19-T

(Filed Location and Housing)

Setting out the following complaint:

States he is in chronic pain due to sciatic nerve and disc bulge/has not received proper medical treatment despite going through proper sick call.

S. D. Conner
Human Rights Advocate

(Signature)

(Title)



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Continuance Receipt

866.1 100

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/05/2016 at 4:10 PM

Grievance Number: ACC-16-REG-00011

Next Action Date: 02/19/2016 12:00 AM

Continuance

Level	Due Date	Reason	By
1	02/19/2016	Awaiting information	Conner, Sandra D
2			
3			

On this date: 01/07/2016 I have received a statement from:

Riggleman, Terry A

1000538

of

Augusta Correctional Center

(Offender Name and DOC#)

C-1-19-T

(Filed Location and Housing)

Setting out the following complaint:

States he had to wait 8 days to get his analgesic balm/this is unexcusable.

S. D. Conner
Human Rights Advocate

(Signature)

(Title)

PLAINTIFF'S EXHIBIT 5



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1-A-7

DO Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 03/11/2015 at 4:09 PM



Offender Name	DOC#	Location	Grievance Number
Rigglesman, Terry A	1000538	Current Augusta Correctional Center	ACC-14-REG-01089
Housing		Filed Augusta Correctional Center	
D-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you have not received a proper medical diagnosis and treatment for your shoulder injury.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. It is reported by Dr. MacDonald that you received steroid therapy for your left shoulder in October 2014 and the dosage was tapered or lowered in December 2014. In March 2015, the physician has recommended an MRI of your shoulder, and you are receiving anti-inflammatory medication as well. There is no evidence to conclude that you are not receiving proper diagnosis and treatment for your shoulder injury. This issue is governed OP 720.1.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Inmate Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

3/11/15

Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date
--	------

Offender
Grievance
Response
- Level IIRECEIVED
Rev. 05/31/2007

MAR 17 2015

GRIEVANCE OFFICE

Page 1 of 1

Report run
on
03/11/2015

SA000717



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

2015 MAR -6 AM 11: 33

86 -6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/20/2015 at 2:04 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-14-REG-01089
Housing		Filed Augusta Correctional Center	
D-1-19-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that you have been in pain due to a yet to be diagnosed shoulder injury for at least 15 months now. You saw the doctor on 10-30-14 and was told that you would be given a follow up in 4-5 weeks because of your long term problem and issued 30 days of Mobit. You were then called to see the doctor on 12-10-14 but this was for chronic care which is with the RN, DON. You claim that you are receiving the run-around. You want to get a proper medical diagnosis and proper treatment.

Informal Summary: According to RN Damen, DON the doctor ordered a follow up in 180 days.

Investigation: According to Ms. Landrum, HSA you received a follow up from Oct 30th appointment at your chronic care visit on 12-12-14.

Procedure: Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Regional Admin. 5427 Peters Creeks Road-Suite 350, Roanoke, VA 24019-3891

Warden/Superintendent

JAWORZ

Date

2/20/15

I wish to appeal the Level I response because: The investigation into this matter still didn't give/look for any evidence that I have been given a proper medical diagnosis or proper treatment. If you think it did then please explain to me what is causing constant shoulder pain in my left shoulder for a year and a half now?? Because my file doesn't show nor can any of these so called expert medical staff attendees explain it to me. This is why I feel that I am getting the run-around. Exactly what was I given prescription federally regulated drugs for??

Offender Signature

Terry Riggleman

Date

2-24-15

RECEIVED

RECEIVED

FEB 27 2015

MAR 17 2015

Page 1 of 1
GRIEVANCE OFFICEOMBUDSMAN SERVICE UNIT
WESTERN REGION

Rev. 05/31/2007

SA000718

PLAINTIFF'S EXHIBIT 5



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

REGULAR GRIEVANCE

2015 MAR -6 AM 11

Log Number

Acc 14 Rego 1086

Rigglesman	Terry	1000538	D-1	19
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I have been in PAIN due to a yet to be diagnosed Shoulder injury for at least 15 months now. I saw the Dr. on 10-30-14 and was told I would be given a followup in 4-5 weeks because of my long term problem and issued 30 days of mobit. I was called to the Dr. on 12-10-14 3 days after I filed the attached Informal Complaint but this was for a chronic care appointment and that is what the RN, DON is referring to when she states "Dr. ordered a followup in 180 days". If medical would actually take the time to scan a file to check how long and what issues a Patient is having before they just try to give a standard answer, throw a pill at you or just plainly give you a run around in a malpractice way then maybe a Patient here could actually get medical diagnosis and proper - adequate treatment.

What action do you want taken? I want Taxpayer dollars to actually go towards diagnosis and treatment of offenders instead of training people who took an oath to help the sick in the art of deception and stall tactics.

Grievant's Signature: Terry Rigglesman

RECEIVED 12-21-14

Warden/Superintendent's Office:

Date Received:

RECEIVED

MAR 17 2015

GRIEVANCE OFFICE

FEB 27 2015

OMBUDSMAN SERVICE
WESTERN REGION

RECEIVED

DEC 22 2014

GRIEVANCE OFFICE

PLAINTIFF'S EXHIBIT 5



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 F1 1-13

REGULAR GRIEVANCE

2015 MAR - 6 AM 11:33

Log Number ACC14 Reg 1089

Riggelman	Terry	1000538	D-1	19
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I have been in PAIN due to a yet to be diagnosed Shoulder Injury for at least 15 months now. I saw the Dr. on 10-30-14 and was told I would be giving a follow up in 4-5 weeks because of my long term problem and issued 30 days of med. I was called to the Dr. on 12-10-14 3 days after I filed the attached Informal Complaint but this was for a chronic care appointment and that is what the RN DDN is referring to when she states "Dr. ordered a follow up in 180 days". If medical would actually take the time to see a file to check how long and what issues a Patient is having before they just try to give a standard answer, throw a pill at you or just plainly give you a run around in a malpractice way then maybe a Patient here could actually get medical diagnosis and proper - adequate treatment.

What action do you want taken? I want taxpayer dollars to actually go towards diagnosis and treatment of offenders instead of training people who took an oath to help the sick in the art of deception and stall tactics. I want a shoulder for a year and a half now!! Because my shoulder shows me how far off these so called expert medical staff are. I want to explain it to me. This is why I said that I am getting it fixed.

Grievant's Signature: Terry Riggelman Date: 12-21-14

Warden/Superintendent's Office:

Date Received:

RECEIVED

MAR 17 2015

GRIEVANCE OFFICE

RECEIVED

FEB 27 2015 DEC 22 2014

OMBUDSMAN OF GRIEVANCE OFFICE

WESTERN REGION

Revision Date: 1/14/13

1 of 2

SA000720



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

DEC 10 2014

RECEIVED
Effective Date: December 1, 2010
Filing Procedure 866.1 Attachment 3

DENTAL
Informal Complaint
MEDICAL

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Terry Rigglesman

1000538

D-1-19

Offender Name

Offender Number

Housing Assignment

☐ Unit Manager/Supervisor

☐ Food Service

☐ Treatment Program Supervisor

☐ Personal Property

☐ Commissary

☐ Mailroom

☒ Medical Administrator

☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific):

Saw Dr. on 10-30 and was told I would have a follow up in 4 or 5 weeks but I haven't been called yet. I can put in millions of sick-call requests but it does no good if Medical is broken. I have been putting in sick calls and playing the run around game for over a year now for my shoulder injury! I Am in PAIN!!

Offender Signature

Terry Rigglesman

Date

12-7-14

Offenders - Do Not Write Below This Line

Date Received:

12/9/14

Tracking #

ACC14INT04878

Response Due:

12/20/14

Assigned to:

Medical

Action Taken/Response:

Doctor ordered a follow up in 180 days.

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

MAR 17 2015

Date:

FEB 17 2015

Staff Witness Signature:

GRIEVANCE OFFICE

Date:

OMBUDSMAN SERVICE UNIT
WESTERN REGION

GRIEVANCE OFFICE

Revision Date: 9/23/10

SA000721



VIRGINIA
DEPARTMENT OF CORRECTIONS

Offender Request 801 F3 7-12

RECEIVED

Offender Request

2015 MAR -6 AM 11:34

DEC 04 2014

DENTAL

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Rigglesman	Terry	A	1000538	D-1-19
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
Sec. Rec Field	DuQuense	12-3-14		

- TO: ☐ Unit Manager ☒ Medical ☐ Personal Property ☐ Law Library ☐ Security
☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting
☐ Chaplain ☐ Assistant Warden ☐ Warden ☐ Other

CHECK PURPOSE ☐ Appointment Request ☒ Question/Statement

I saw the Dr. on 10-30-14 and she told me that I would have a follow-up in 4 to 5 weeks because of my ongoing shoulder injury and an attempt at trying new medication (morphine)!! I am in serious pain and the medication is not working so when am I going to have this follow up visit??

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: _____ Date: _____

You need to put in a sick call request so they can get you scheduled

RECEIVED

MAR 17 2015

GRIEVANCE OFFICE 12/4/14

Date of Response

Offender seen ☐ Yes ☒ No

Landrum HSA

Official Responding

RECEIVED
FEB 27 2015

OMBUDSMAN SERVICE
WESTERN

Revised 6/1/12

SA000722



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

86 A-7

DOC Location: C00 Central Office, Administration

Report generated by Ray, H C

Report run on 03/27/2014 at 3:18 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-14-REG-00181
Housing		Filed Augusta Correctional Center	
D-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

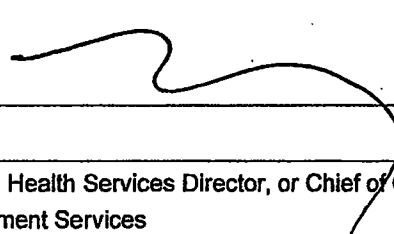
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you should have been seen by the doctor within 72 hours after submitting your sick call rest form for a shoulder injury.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Be advised that you should be seen by a qualified healthcare professional (the nurse or the physician) within 72 hours after your sick call request is triaged by the healthcare staff. Furthermore, after being seen by the nurse, it is the discretion of the nurse to refer you to the physician, if necessary. This issue is governed by **OP 720.1**.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Inmate Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

		<p>3/28/14</p>
Regional Director, Health Services Director, or Chief of Operations for Offender Management Services		Date

Offender
Grievance
Response
- Level II

RECEIVED

Rev. 05/31/2007

APR - 2 2014

GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

806.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 03/21/2014 at 1:16 PM

Offender Name	DOC#	Location	Grievance Number
Riggelman, Terry A	1000538	Current Augusta Correctional Center	ACC-14-REG-00181
Housing		Filed Augusta Correctional Center	
D-1-19-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state you saw the nurse for sick call and was charged but you never seen the doctor despite an ongoing shoulder injury. There were no nurse's instructions given to you. The only thing you were told was that you would be put on the list to see the doctor and now you are being told to put in another sick call. You know policy and you know that you are to be seen by a doctor within 72 hours of submitting a sick call request form. It has been over 29 days and you haven't been seen by a doctor. You want to quit experimenting on you and to give you proper medical treatment.

Informal Summary: You were seen and treated by medical. Dr. MacDonald reviewed the file and agreed with the nurses instructions if it continues to be an issued Dr. MacDonald said to file via sick call as needed.

Investigation: Dr. MacDonald reviewed your file, he said if you continue to have a problem sign up for sick call per policy to be evaluated.

Procedure: Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent

Date

3/21/14

I wish to appeal the Level I response because:

The Response From the warden is a Standard Answer!! The Facts are I Already saw The Nurse for Sick Call and Nothing was done so If I put in another Sick Call Nothing is going to be done either. How long ~~is~~ is this Doc & pony Show that is called "medical" going to be Allowed to experiment on inmates and give us the Run Around when it Comes To medical Treatment??

Offender Signature

Date

3-24-14

RECEIVED

MAR 27 2014

OFFICE OF HEALTH SERVICES

RECEIVED

APR - 2 2014

GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS
Regular Grievance

Effective Date: December 1, 2010
Operating Procedure 866.1 Attachment 2

REGULAR GRIEVANCE

1000538

Acc 14 Beg 00181
Log Number:

RECEIVED

Rigglesman Last Name	Terry First	1000538 Number	D-1 Building	19 Cell/Bed Number
<p>WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) I saw the Nurse for sick call and was charged but I was never seen by the doctor despite an ongoing Shoulder Injury. According to the response on the Attached Informal Complaint and request form "Dr. macdonald agreed with the Nurses instructions". Their were No Nurses instructions given to me. The only thing I was told was that I would be put on the list to see the Doctor and Now I am being told to put in another Sick call. Why would I do that is I am Not being given medical treatment when I do?? I know the policy on being seen by medical and according to Health Services in Richmond Inmates are to be seen by a Dr. within 72 hrs of Submitting a Sick call request form. Well today makes 29 days and I still haven't been seen by a Dr. This is a clear violation of my 8th amendment Right to Not be Submitted to Cruel and Unusual punishment!!</p> <p>What action do you want taken? I want medical to quit experimenting on ^{me} inmates and to give me proper medical treatment which first involves proper diagnosis of the condition and then Reasonable Treatment.</p>				
Grievant's Signature: <u>Terry Rigglesman</u>		Date: <u>2-19-14</u>		

Warden/Superintendent's Office:

Date Received:

MAR 27 2014

RECEIVED
GRIEVANCE OFFICE

FEB 20 2014

OFFICE OF HEALTH SERVICES

GRIEVANCE OFFICE



VIRGINIA
DEPARTMENT OF CORRECTIONS

Offender Request 801_F3_7-12

Offender Request

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Rigglesman	Terry	A	1000538	D-1-19
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
Sec. Rec C/D	Duquense	2-7-14		

TO: ☐ Unit Manager ☒ Medical ☐ Personal Property ☐ Law Library ☐ Security
☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting
☐ Chaplain ☐ Assistant Warden ☐ Warden ☐ Other

CHECK PURPOSE ☐ Appointment Request ☒ Question/Statement

I have Attached the Co-pay Slip you asked for but my Complaint is Not about the money it is about Not being seen by the doctor for 13 days Now After I went to Sick Call!!

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: _____ Date: _____

See Dr Macdonald reviewed your file, agreed with the nurse's instruction and wrote to you to follow up via sick call with continuing problems

RECEIVED RECEIVED

MAR 27 2014

GRIEVANCE OFFICE OFFICE OF HEALTH SERVICES

Offender seen ☐ Yes ☐ No

EShipper DON

Official Responding

2/18/14 FEB 20 2014

Date of Response

Revision Date: 7/16/12

SA000756



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

RECEIVED

FEB 18 2014

Effective Date: December 1, 2010
Operating Procedure 866.1 Attachment 3

MEDICAL
Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Terry Rigglesman 1000538 D-1-19
Offender Name Offender Number Housing Assignment
☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific):

I saw the nurse for sick call on 1-22-14 for my shoulder that has been injured
for months now and it is 2-6-14 and I still haven't seen the doctor yet.
There has been a fee of \$5.00 deducted from my account for med-co pay but
I haven't received any actual medical treatment yet.

Offender Signature Terry Rigglesman Date 2-6-14
Offenders - Do Not Write Below This Line

Date Received: 2/14/14 Tracking # ACC 14 Int 00688
Response Due: 2/24/14 Assigned to: Medical
Action Taken/Response:

You were seen & treated by medical
Dr. MacDonald reviewed the file &
agreed with the nurse's instructions
if it continues to be an issue Dr
MacDonald said to file via sick call
as needed

R. Whipped Don Eshipp RECEIVED 2/18/14
Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: RECEIVED Date: GRIEVANCE OFFICE
Staff Witness Signature: MAR 27 2014 Date:

OFFICE OF HEALTH SERVICES

Revision Date: 9/23/10

SA000757

PLAINTIFF'S EXHIBIT 6

Augusta.
HEALTH
RECEIVED

Augusta Health
78 Medical Center Drive
Fishersville, VA 22939

APR 17 2015

MEDICAL

Department of Radiology
(540) 332-4400
(540) 932-4400

David C MacDonald DO
Augusta Correctional Center, 1821 Estaline Valley Rd
Craigsville, VA 24430

1000538

Patient: RIGGLEMAN, TERRY	Acct #: M00060719127	MR #: M0398745
	Status: REG CLI	
Tech: RAD.VLL	Age/Sex: 39M	Loc: MRI
Report#: 0413-0016	Phys: David C MacDonald DO	Pat phone #: (540)997-3638
Report Source: Nuance	Dict. Date: 04/13/15 0732	

Status of this Report is Signed
Please note that Reports in Draft Status are not Final Reports

Report is final after physician e-signature

Date of Service: 04/07/15 Dictating Physician: Gary B. Lichtenstein MD
Exam(s): 0407-0006 MRI/MRI * Lt Shoulder w/o Contrast
DOB: 12/30/1975
Confidential Report: N
Diagnosis: L SHOULDER PAIN, UNSTABLE TO LIFE WEIGHTS
Reason for Exam: L SHOULDER PAIN, DECREASE ROM
*** XRAYs 3/12/15, PT WILL NEED ORBITS ALSO*****

MR LEFT SHOULDER:

There is mild acromioclavicular joint disease.

There is mild tendinosis in the supraspinatus tendon.

No labral or rotator cuff tear is identified.

IMPRESSION:

Tendinosis and acromioclavicular joint disease.

Electronically signed by: Gary B. Lichtenstein MD
Date/Time signed: 04/13/15 0738

C: David C MacDonald DO

Ordering Physician copy
Page 1 of 2

RADIOLOGY REPORT

Signed

DCM
4/22/15

Riggleman 000001

PLAINTIFF'S EXHIBIT 6

Patient: RIGGLEMAN, TERRY	Acct #: M00060719127
Unit #: M0398745	Report #: 0413-0016
DOB: 12/30/1975	

Ordering Physician copy
Page 2 of 2

RADIOLOGY REPORT

Signed

Riggleman 000002



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

041. 11/00/02
DEC 05 2016
Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Rigglesman 1000538 N-4-30
Offender Name Offender Number Housing Assignment
☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): I am being denied access to medical services (i.e. treatment) for my chronic hep.c. This discrimination is a violation of the Americans with Disabilities Act and shows gross negligence toward my serious medical needs. As you can see by the attached paperwork offenders with other chronic illnesses are all being treated for their problems while hep.c patients are forced to "meet criteria". Medical is aware that an infectious disease is considered a disability under A.D.A. The A.D.A. clearly states that "An infectious disease is a disability and that I can't be denied access to a service, plan or program because of my disability." which medical treatment is considered a service. All attached documentation will support my claim. Thank you for your time.

Offender Signature Terry Rigglesman Date 12-6-16

Offenders - Do Not Write Below This Line

Date Received: 12/8/16 Tracking # ACC 16 5100 3681
Response Due: 12/15/16 Assigned to: Medicaid
Action Taken/Response:

The DOC has guidelines to be followed in determining who is eligible for Hep.C treatment. The medical has to follow these guidelines (criteria)

E. Shepp RU E. Shepp RU 12/13/16
Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____
Staff Witness Signature: _____ Date: _____

Revision Date: 4/9/13

SA000469



VIRGINIA DEPARTMENT OF CORRECTIONS

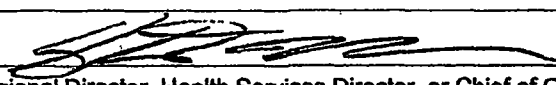
Offender Grievance Response - Level II

866.1

DOC Location: C00 Central Office,
Administration

Report generated by HR

Report run on 01/20/2017 at 3:04 PM

Offender Name	DOC#	Location	Grievance Number
Rigglesman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00633
Housing		Filed Augusta Correctional Center	
N-4-30-T			
LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)			
<p>LEVEL II HEALTH SERVICES DIRECTOR:</p> <p>Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you are being denied treatment for Hepatitis C which violates ADA.</p> <p>Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance UNFOUNDED. As you were advised, it is reported that you have been evaluated, and currently, you do not meet the criteria in the DOC guidelines for Hepatitis C treatment. However, you should continue to receive monitoring and evaluation for your Hepatitis C condition, as well as unimpeded access to medical services at Augusta CC. This issue is governed by restricted policy.</p> <p>If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.</p>			
 Regional Director, Health Services Director, or Chief of Operations for Offender Management Services		Date 1/20/17	

JAN 17 2017

Offender Grievance Response - Level II

Rev. 05/31/2007

Report run on 01/20/2017 at 3:04 PM



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Frady, J D

Report run on 01/04/2017 at 2:35 PM

Offender Name	DOC#	Location	Grievance Number
Rigglerman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00633
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that you are being denied access to medical services. You claim that there is no medical reason for refusing you treatment for your HepC. You state that all HIV patients receive treatment, as do all diabetics. You state medical is aware that an infectious disease is considered a disability under ADA. You claim HepC is an infectious disease and medical states that they adhere to the standards required by ADA. You state that you are being forced to meet criteria in order to obtain treatment for your disability but no one will tell you what that criteria is, while other disabled people are not. You claim this is discrimination and gross negligence towards your serious medical needs. You state that this is deliberate indifference and violates the Americans with Disabilities Act (ADA). You want treatment for your HepC. You state that there is no medical reason for refusing you this treatment. Your requesting that this be remedied.

Informal Summary: RN Shipp states, the DOC has guidelines to be followed for determining who is eligible for HepC treatment. Medical has to follow these guidelines/criteria.

Investigation: Per the medical department, determination for HepC treatment is made by the DOC Medical Director not by the on site doctors. In order to be considered for HepC treatment you must meet certain criteria and at this time you do not meet the criteria for treatment. Your health will continue to be monitored by the ACC medical staff. You are being followed by the primary physician at ACC in accordance with policy and procedure; no violation has been found.

Procedure: This matter is governed by Operating Procedure 720.1.

Based on the Information above your Grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Health Services Director, PO Box 26963, Richmond, VA 23261-6963

OFFICE OF HEALTH SERVICES

Warden/Superintendent

JAWood

Date

1/11/17

I wish to appeal the Level I response because: whoever is responsible for determination of HepC treatment is violating The Americans with Disabilities act, The 8th and 14th amendments (due) and unusual punishment and equal protection clauses and discriminating not only among which infectious diseases that are being treated but also discriminating within those classes of infectious diseases. I & some hep.c patients do get treatment. There is NO medical reason to delay or deny me hep.c treatment.

Offender Signature

Terry Rigglerman

Date

1-11-17

JAN 17 2017

PLAINTIFFS EXHIBIT 8

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance No. 10-1

REGULAR GRIEVANCE

Log Number:

ACC 16 Reg 00638

Riggelman	Terry	1000538	N-4	30
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I am being denied access to medical services (i.e. treatment) (memo Attached) There is no medical reason for refusing me treatment for my Hep. C. All HIV patients receive treatment (see Attached) all diabetics receive treatment (see Attached). Medical is aware that an infectious disease is consider a disability under A.D.A. (see attached). Hep. C. is an infectious disease (see Attached). Medical adheres to the standards required by A.D.A. (see Attached). I am being forced to meet criteria in order to obtain treatment for my disability but no one will tell me what that criteria is (see attached) while other disabled people are not (i.e. all HIV patients receive treatment and some Hep. C. patients do). This is discrimination, gross negligence towards my serious medical needs, deliberate indifference and violation of the Americans with disabilities Act (A.D.A). Attached documentation will support my claim, failure to remedy would be not adhering to the "Broad and idealistic concepts of dignity, civilized standards, humanity and decency that mark the progress of a maturing society" (Eselle v. Conn)

What action do you want taken? I want treatment for my hep. c. There is no medical reason for refusing me this treatment. I request that this be remedied, Failure to do so would be discrimination, gross negligence towards my serious medical needs, deliberate indifference and violation of the A.D.A. also constitute not adhering to the "Broad and idealistic concepts of dignity, civilized standards, humanity and decency that mark the progress of a maturing society" (Eselle v. Conn)

Grievant's Signature: Terry Riggelman Date: 12-17-16

Warden/Superintendent's Office: _____

Date Received: _____

DEC 20 2016

[Signature]



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

RECEIVED
DEC 05 2016
MEDICAL

Terry Riggelman 1000538 N-4-30
Offender Name Offender Number Housing Assignment
☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): I am being denied access to medical services (i.e. treatment) for my chronic hep. C. This discrimination is a violation of the Americans with Disabilities Act and shows gross negligence toward my serious medical needs. As you can see by the attached paperwork offenders with other chronic illnesses are all being treated for their problems while hep. C patients are forced to "meet criteria". Medical is aware that an infectious disease is considered a disability under A.D.A. The A.D.A. clearly states that "An infectious disease is a disability and that I can't be denied access to a service, plan or program because of my disability." Which medical treatment is considered a service. All attached documentation will support my claim. Thank you for your time.

Offender Signature: Terry Riggelman Date: 12-6-16

Offenders - Do Not Write Below This Line

Date Received: 12/8/16
Response Due: 12/18/16
Action Taken/Response:

Tracking # ACC16 INFO 3687
Assigned to: Medical

The DOC has guidelines to be followed in determining who is eligible for Hep. C treatment. The medical has to follow these guidelines (criteria)

E. Shipp RD E. Shipp RD 12/13/16
Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: DEC 20 2016 Date:
Staff Witness Signature: Date:

Revision Date: 4/9/13

SA000529

Amonette, Mark S. (VADOC)

From: Fuller, Trey (VADOC)
Sent: Wednesday, May 10, 2017 9:03 PM
To: Vargo, Marie M. (VADOC)
Cc: Herrick, Steve (VADOC); Amonette, Mark S. (VADOC)
Subject: Hep C

Hey Marie,

Dr. Herrick asked me to send you some stats. Please let me know if you need anything else besides the below information.

As far as a general status of Hep C treatment we are still getting evals based on cases found in the institutions (they are self-reported or are discovered due to blood tests when clinically indicated) and Dr. Amonette is evaluating each one for treatment based on our protocol. For planned number to be treated, we haven't set any caps – we have just been continuing to treat. There are already lawsuits in other states demanding quicker treatment and we have one now that is pending requesting treatment even though the offender doesn't meet our guidelines currently. Recently we discussed the estimates of Hep C incidence in corrections at around 30% (some are as high at 60%). If we were required to treat all of these patients the drug costs alone would be 376.5 million on a best case scenario. Our numbers are below.

- 585 evaluated
- 394 approved for treatment and referred to VCU
- 303 seen by VCU
- 263 treated
 - 15 more pending work up
 - 25 did not qualify due to clinical status or refusal
- Money spent to date: \$12.2 million

Thanks,

Trey Fuller, PharmD
Chief Pharmacist
Virginia Dept. of Corrections
Office: 804.887.8218
Cell: 434.548.1339
Trey.Fuller@vadoc.virginia.gov



GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN MORENO, DALE	NAME RIGGLEMAN, TERRY	SEX M	ACCESSION NO. 201704126294	CONTROL NO. 1231590
FACILITY NO. 4502M	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320	DATE COLLECTED 03/31/2017 09:00	DATE RESULTED 04/06/2017 18:42
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538		

Abnormals Summary

HCV RNA QUAL	POSITIVE	HCV RNA, QUANT	2310779
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Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
NON-FASTING						

HCV RNA GENOTYPE, RT-PCR				Col: 03/31/2017	Status: F
--------------------------	--	--	--	-----------------	-----------

HCV RNA GENOTYPE, RT-PCR 1b

THIS TEST USES IN VITRO REVERSE TRANSCRIPTION-POLYMERASE CHAIN REACTION (RT-PCR) FOR THE IDENTIFICATION OF THE HEPATITIS C VIRUS GENOTYPE.

NON-FASTING

HEPATITIS C VIRUS RNA, QUANT				Col: 03/31/2017	Status: F
------------------------------	--	--	--	-----------------	-----------

HCV RNA QUAL	POSITIVE	A	NEGATIVE
HCV RNA, QUANT	2310779	H	0-12 IU/mL
LOG HCV IU/mL	6.36		

THIS PROCEDURE UTILIZES A REAL-TIME POLYMERASE CHAIN REACTION (PCR) TEST FROM ABBOTT MOLECULAR. THE AMPLIFICATION TARGET IS A CONSERVED REGION OF THE HCV GENOME. THE LOWER LIMIT OF QUANTITATION IS 12 IU/mL. (1.08 LOG IU/mL) AND THE UPPER LIMIT OF QUANTITATION IS 100 MILLION IU/mL (8.00 LOG IU/mL).

THE QUALITATIVE LIMIT OF DETECTION IS 12 IU/mL (1.08 LOG IU/mL).

SPECIMENS REPORTED AS POSITIVE BUT <12 IU/mL CONTAIN DETECTABLE LEVELS OF HEPATITIS C RNA BUT THE VIRAL LOAD IS BELOW THE LIMIT OF QUANTITATION. A NEGATIVE RESULT DOES NOT RULE OUT INFECTION.

[Signature] 4/23/17 19:30
Dale Moreno, MD

Director: Lorenz P. Kielhorn, MD

Printed: 04/07/2017 06:16

-- End of Report --

Printed By: Martin, Lisa

Pg: 1

SA000898



GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN LANDAUER, DIANE	NAME RIGGLEMAN, TERRY	SEX M	ACCESSION NO. 201611895254	CONTROL NO. 1128345
FACILITY NO. 4502M	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320	DATE COLLECTED 11/11/2016 08:00	DATE RESULTED 11/12/2016 19:00
VA DOC 1821 Estaline valley Rd CRAIGSVILLE, VA 24430	EMR ID	IRIMATE ID 1000538		

Abnormal Summary				
WHITE BLOOD COUNT	3.74	ABSOLUTE NEUTROPHIL CT	0.97	NEUTROPHILS 25.9
MONOCYTES	20.6			
ALK PHOS	42	CARBON DIOXIDE	35	SGOT/AST 47
SGPT/ALT	60			

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
NON-FASTING						

CBC		Col: 11/11/2016		Status: F		
PLATELET COUNT	220			140-400	TH/CUMM	272
WHITE BLOOD COUNT		3.74	LL	4.0-10.0	TH/CU MM	7.10
ABSOLUTE NEUTROPHIL CT		0.97	L	1.56-8.10	x10-3/uL	3.03
NEUTROPHILS		25.9	L	39-81	%	42.7
LYMPHOCYTE	46.0			14-51	%	37.5
MONOCYTES		20.6	H	0-13.3	%	13.2
EOSINOPHIL	6.4			0-8	%	4.9
BASOPHILS	0.8			0-2	%	0.7
RED BLOOD CELLS	5.10			4.41-5.51	M/CU MM	5.65
HEMOGLOBIN	16.1			13.5-17.5	G/DL	17.3
HEMATOCRIT	45.5			41-53	%	49.9
MCV	89.2			80-100	FL	88.3
MCH	31.6			27-33	PG	30.6
MCHC	35.4			31-37	G/DL	34.7
RDW	12.5			11.0-14.5	%	12.6
MPV	10.7			7.4-12.0	FL	10.2

CMP		Col: 11/11/2016		Status: F		
ALBUMIN	4.6			3.5-5.5	G/DL	4.6
ALK PHOS		42	LL	53-128	U/L	45
TOTAL BILIRUBIN	0.7			0.2-1.2	MG/DL	1.0
BUN	9			7-18	MG/DL	14
CALCIUM	10.2			8.4-10.7	MG/DL	9.8
CHLORIDE	104			98-107	MEQ/L	105

Director: Lorenz P. Kielhorn, MD

Printed: 11/14/2016 09:43

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Printed By: Martin, Lisa Pg: 1

11-15-2016
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GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN LANDAUER, DIANE	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201611895254	CONTROL NO. 1128345
FACILITY NO. 4502M	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 11/11/2016 08:00	DATE RESULTED 11/12/2016 19:00
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
CREATININE, SERUM	0.90			0.7-1.3	MG/DL	0.86
GFR (NON-AFR AMER)	99			60-300	mL/MIN	105
GFR (AFR AMER)	120			60-300	mL/MIN	127
GLUCOSE	95			70-105	MG/DL	77
REFERENCE RANGES						
FASTING DRAW: 70-105 mg/dl						
RANDOM DRAW: DEPENDENT UPON TIME AND CONTENT OF LAST MEAL						
POTASSIUM	5.1			3.5-5.1	MEQ/L	5.0
TOTAL PROTEIN	7.4			6.0-8.3	G/DL	7.4
SODIUM	144			136-145	MEQ/L	141
CARBON DIOXIDE		35	H	22-33	MEQ/L	31
SGOT/AST		47	HH	15-40	U/L	47
SGPT/ALT		60	H	7-45	U/L	65
HEMOGLOBIN A1C				col: 11/11/2016		Status: F
HEMOGLOBIN A1C	5.3			4.1-6.5	%	5.7

A1C VALUE (% OF TOTAL HEMOGLOBIN) INTERPRETATION
 < 5.7 DECREASED RISK OF DIABETES
 5.8 - 6.0 INCREASED RISK OF DIABETES
 6.1 - 6.4 HIGHER RISK OF DIABETES
 ≥ 6.5 CONSISTENT WITH DIABETES

Director: Lorenz P. Kielhorn, MD

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-- End of Report --

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SA000040



GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN MORENO, DALE	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201601404453	CONTROL NO. 888939
FACILITY NO. 4502M	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320	DATE COLLECTED 01/19/2016 07:15		DATE RESULTED 01/20/2016 16:42
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Abnormal's Summary

RED BLOOD CELLS 5.65

SGOT/AST 67

SGPT/ALT 91

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
------------------	--------	----------	------	-----------------	-------	--------------

FASTING

CBC				col: 01/19/2016		Status: F
PLATELET COUNT	272			140-400	TH/CUMM	264
WHITE BLOOD COUNT	7.10			4.0-10.0	TH/CU MM	5.84
ABSOLUTE NEUTROPHIL CT	3.03			1.56-8.10	x10-3/uL	2.31
NEUTROPHILS	42.7			39-81	%	39.6
LYMPHOCYTE	37.5			14-51	%	48.8
MONOCYTES	13.2			0-13.3	%	5.1
EOSINOPHIL	4.9			0-8	%	4.3
BASOPHILS	0.7			0-2	%	0.3
RED BLOOD CELLS		5.65	HH	4.41-5.51	M/CU MM	4.72
HEMOGLOBIN	17.3			13.5-17.5	G/DL	14.5
HEMATOCRIT	49.9			41-53	%	44.2
MCV	88.3			80-100	FL	93.6
MCH	30.6			27-33	PG	30.7
MCHC	34.7			31-37	G/DL	32.8
RDW	12.6			11.0-14.5	%	12.3
MPV	10.2			7.4-12.0	FL	11.0

FASTING

CMP				col: 01/19/2016		Status: F
ALBUMIN	4.5			3.5-5.5	G/DL	4.2
ALK PHOS	53			53-128	U/L	49
TOTAL BILIRUBIN	0.8			0.2-1.2	MG/DL	0.6
BUN	16			7-18	MG/DL	11
CALCIUM	9.7			8.4-10.7	MG/DL	9.6
CHLORIDE	104			98-107	MEQ/L	105
CREATININE, SERUM	0.84			0.7-1.3	MG/DL	0.97
GFR (NON-AFR AMER)	108			60-300	mL/MIN	92
GFR (AFR AMER)	130			60-300	mL/MIN	111

Director: Lorenz P. Kielhorn, MD

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**GARCIA LABORATORY**

Status: FINAL

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

ORDERING PHYSICIAN MORENO, DALE	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201601404453	CONTROL NO. 888939
FACILITY NO. 4502M	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 01/19/2016 07:15	DATE RESULTED 01/20/2016 16:42
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
GLUCOSE	103					
REFERENCE RANGES						
FASTING DRAW: 70-105 mg/dl						
RANDOM DRAW: DEPENDENT UPON TIME AND CONTENT OF LAST MEAL						
POTASSIUM	5.0			3.5-5.1	MEQ/L	4.7
TOTAL PROTEIN	7.4			6.0-8.3	G/DL	6.8
SODIUM	145			136-145	MEQ/L	140
CARBON DIOXIDE	32			22-33	MEQ/L	24
SGOT/AST		67	HH	15-40	U/L	39
SGPT/ALT		91	H	7-45	U/L	51
HEMOGLOBIN A1C				col: 01/19/2016		Status: F
HEMOGLOBIN A1C	5.7			4.1-6.5	%	5.9

A1C VALUE (% OF TOTAL HEMOGLOBIN) INTERPRETATION
< 5.7 DECREASED RISK OF DIABETES
5.8 - 6.0 INCREASED RISK OF DIABETES
6.1 - 6.4 HIGHER RISK OF DIABETES
>OR= 6.5 CONSISTENT WITH DIABETES

Director: Lorenz P. Kleihorn, MD

Printed: 01/21/2016 06:00

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PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN LANDAUER, DIANE	NAME RIGGLEMAN, TERRY	SEX M	ACCESSION NO. 201412783949	CONTROL NO. 577114
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320	DATE COLLECTED 12/30/2014 09:15	DATE RESULTED 12/31/2014 23:43
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID.	INMATE ID 1000538		

Abnormals Summary

ALK PHOS	50	SGOT/AST	56	SGPT/ALT	88
TSH-HIGH SENSITIVITY	5.08				

Test Description	Result	Abnormal	Flag	Reference Range	Units	Labs
------------------	--------	----------	------	-----------------	-------	------

NON-FASTING

CBC				Col: 12/30/2014	Status: F
PLATELET COUNT	254			150-400	TH/CUMM
WHITE BLOOD COUNT	7.20			4.0-10.0	TH/CU MM
ABSOLUTE NEUTROPHIL CT	3.70			1.56-8.10	x10-3/uL
NEUTROPHILS	51.4			39-81	%
LYMPHOCYTE	41.2			14-51	%
MONOCYTES	5.0			0-13.3	%
EOSINOPHIL	2.1			0-8	%
BASOPHILS	0.3			0-2	%
RED BLOOD CELLS	5.06			4.41-5.51	M/CU MM
HEMOGLOBIN	16.0			13.5-17.5	G/DL
HEMATOCRIT	47.1			41-53	%
MCV	93.1			80-105	FL
MCH	31.5			27-33	PG
MCHC	33.9			31-37	G/DL
RDW	13.0			11.5-14.5	%
MPV	8.6			7.4-10.4	FL

NON-FASTING

CMP				Col: 12/30/2014	Status: F
ALBUMIN	4.2			3.5-5.5	G/DL
ALK PHOS		50	LL	53-128	U/L
TOTAL BILIRUBIN	0.7			0.2-1.2	MG/DL
BUN	13			7-18	MG/DL
CALCIUM	9.4			8.4-10.7	MG/DL
CHLORIDE	99			98-107	MEQ/L
CREATININE, SERUM	0.92			0.7-1.3	MG/DL
GFR (NON-AFR AMER)	.97			60-300	ML/MIN
GFR (AFR AMER)	118			60-300	ML/MIN

Director: Lorenz P. Kielhorn, MD

Printed: 01/06/2015 08:14

Continued on Next Page

11/21/15

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GARCIA LABORATORY

Status: FINAL

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
 PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

ORDERING PHYSICIAN LANDAUER, DIANE	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201412783949	CONTROL NO. 577114
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 12/30/2014 09:15	DATE RESULTED 12/31/2014 23:43
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Test Description	Result	Abnormal	Flag	Reference Range	Units	Labs
GLUCOSE	82			70-105	MG/DL	
POTASSIUM	3.8			3.5-5.1	MEQ/L	
TOTAL PROTEIN	6.5			6.0-8.3	G/DL	
SODIUM	138			136-145	MEQ/L	
CARBON DIOXIDE	33			22-33	MEQ/L	
SGOT/AST		56	HH	15-40	U/L	
SGPT/ALT		88	H	7-45	U/L	
HEMOGLOBIN A1C				col: 12/30/2014	Status: F	
HEMOGLOBIN A1C	6.1			4.1-6.5	%	

A1C VALUE (% OF TOTAL HEMOGLOBIN) INTERPRETATION
 < 5.7 DECREASED RISK OF DIABETES
 5.8 - 6.0 INCREASED RISK OF DIABETES
 6.1 - 6.4 HIGHER RISK OF DIABETES
 >OR= 6.5 CONSISTENT WITH DIABETES

TSH-HIGH SENSITIVITY				col: 12/30/2014	Status: F
TSH-HIGH SENSITIVITY	5.08	H		0.465-4.68	uU/mL

*Will repeat
TSH, add T4*

1/7/15

[Signature]

Director: Lorenz P. Kleihorn, MD

Printed: 01/06/2015 08:14

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SA000249



GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN MACDONALD, DAVID	NAME RIGGLEMAN, TERRY	SEX M	ACCESSION NO. 201308890597	CONTROL NO. 137693
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320	DATE COLLECTED 08/23/2013 07:30	DATE RESULTED 08/24/2013 23:05
VA DOC 1821 Estaline valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538		

Abnormals Summary

BUN	20	GLUCOSE	109	SGOT/AST	54
SGPT/ALT	68				

Test Description	Result	Abnormal	Flag	Reference Range	Units	Labs
NON-FASTING						

CBC				col: 08/23/2013	Status: F
PLATELET COUNT	215			150-400	TH/CUMM
WHITE BLOOD COUNT	4.76			4.0-10.0	TH/CU MM
ABSOLUTE NEUTROPHIL CT	2.33			1.56-8.10	x10-3/uL
NEUTROPHILS	48.9			39-81	%
LYMPHOCYTE	44.8			14-51	%
MONOCYTES	4.3			0-13.3	%
EOSINOPHIL	1.4			0-8	%
BASOPHILS	0.7			0-2	%
RED BLOOD CELLS	4.86			4.41-5.51	M/CU MM
HEMOGLOBIN	14.6			13.5-17.5	G/DL
HEMATOCRIT	46.2			41-53	%
MCV	95.2			80-105	FL
MCH	30.1			27-33	PG
MCHC	31.6			31-37	G/DL
RDW	13.8			11.5-14.5	%
MPV	10.3			7.4-10.4	FL

NON-FASTING				col: 08/23/2013	Status: F
CMP					

ALBUMIN	4.6			3.5-5.5	G/DL
ALK PHOS	68			53-128	U/L
TOTAL BILIRUBIN	1.1			0.2-1.2	MG/DL
BUN		20	HH	7-18	MG/DL
CALCIUM	9.5			8.4-10.7	MG/DL
CHLORIDE	103			98-107	MEQ/L
CREATININE, SERUM	0.95			0.7-1.3	MG/DL
GFR (NON-AFR AMER)	94			60-300	mL/MIN
GFR (AFR AMER)	114			60-300	mL/MIN
GLUCOSE		109	H	70-105	MG/DL

Director: Lorenz P. Kielhorn, MD

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8/28/17

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SA000257



GARCIA LABORATORY

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 PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN MACDONALD, DAVID	NAME RIGGLEMAN, TERRY	SEX M	ACCESSION NO. 201308890597	CONTROL NO. 137693
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320	DATE COLLECTED 08/23/2013 07:30	DATE RESULTED 08/24/2013 23:05
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538		

Test Description	Result	Abnormal	Flag	Reference Range	Units	Labs
POTASSIUM	3.9			3.5-5.1	MEQ/L	
TOTAL PROTEIN	7.1			6.0-8.3	G/DL	
SODIUM	138			136-145	MEQ/L	
CARBON DIOXIDE	29			22-33	MEQ/L	
SGOT/AST		54	HH	15-40	U/L	
SGPT/ALT		68	H	10-35	U/L	
WESTERGREN SED RATE				col: 08/23/2013	status: F	
WESTERGREN SED RATE	0			0-15	MM/HR	

Director: Lorenz P. Kielhorn, MD

Printed: 08/26/2013 08:25

-- End of Report --

Pg: 2

SA000258

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
078-501-3037-0 S BN COMPLETE Page #: 1

ADDITIONAL INFORMATION

FASTING: N
DOB: 12/30/1975CLINICAL INFORMATION
CD-20108610510PATIENT NAME
RIGGLEMAN, TERRY
PT. ADD.:SEX AGE(YR./MOS.)
M 33 / 2PHYSICIAN ID. NPI PATIENT ID.
MARSH D 375733

ACCOUNT: Augusta Correctional Center

DATE OF COLLECTION TIME DATE RECEIVED DATE REPORTED TIME
3/19/2009 7:30 3/19/2009 3/26/2009 5:40 88641821 ESTALINE VALLEY RD PO BOX1000
Craigs ville VA 24430-0000

ACCOUNT NUMBER: 45718025

TEST	RESULT	LIMITS	LAB
CBC With Differential/Platelet			
WBC	4.6 x10E3/uL	4.0 - 10.5	01
RBC	4.87 x10E6/uL	4.10 - 5.60	01
Hemoglobin	15.4 g/dL	12.5 - 17.0	01
Hematocrit	44.4 %	36.0 - 50.0	01
MCV	91 fL	80 - 98	01
MCH	31.5 pg	27.0 - 34.0	01
MCHC	34.6 g/dL	32.0 - 36.0	01
RDW	13.3 %	11.7 - 15.0	01
Platelets	298 x10E3/uL	140 - 415	01
Neutrophils	48 %	40 - 74	01
Lymphs	39 %	14 - 46	01
Monocytes	8 %	4 - 13	01
Eos	4 %	0 - 7	01
Basos	1 %	0 - 3	01
Neutrophils (Absolute)	2.2 x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	1.8 x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.4 x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.2 x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0 x10E3/uL	0.0 - 0.2	01
Basic Metabolic Panel (8)			
Glucose, Serum	85 mg/dL	65 - 99	01
BUN	11 mg/dL	5 - 26	01
Creatinine, Serum	0.84 mg/dL	0.76 - 1.27	01
Glom Filt Rate, Est	>59 mL/min/1.73	>59	
If African-American	>59 mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.			
BUN/Creatinine Ratio	13	8 - 27	
Sodium, Serum	140 mmol/L	135 - 145	01
Potassium, Serum	3.9 mmol/L	3.5 - 5.2	01
Chloride, Serum	100 mmol/L	97 - 108	01
Carbon Dioxide, Total	25 mmol/L	20 - 32	01
Calcium, Serum	9.4 mg/dL	8.5 - 10.6	01
Hepatic Function Panel (7)			
Protein, Total, Serum	7.2 g/dL	6.0 - 8.5	01
Albumin, Serum	4.5 g/dL	3.5 - 5.5	01

Pat Name: RIGGLEMAN, TERRY

Pat ID: 375733

Spec #: 078-501-3037-0

Seq #: 8864

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.23.00

SA000296



LabCorp Burlington
 1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
 078-501-3037-0 S BN COMPLETE Page #: 2

ADDITIONAL INFORMATION

FASTING: N
 DOB: 12/30/1975

CLINICAL INFORMATION

CD- 20108610510

PATIENT NAME
RIGGLEMAN, TERRY
 PT. ADD.:

SEX AGE(YR./MOS.)
 M 33 / 2

PHYSICIAN ID.
 MARSH D

NPI

PATIENT ID.
 375733

ACCOUNT: Augusta Correctional Center

DATE OF COLLECTION TIME DATE RECEIVED DATE REPORTED TIME
 3/19/2009 7:30 3/19/2009 3/26/2009 5:40 8864
 1821 ESTALINE VALLEY RD PO BOX1000
 Craigsville VA 24430-0000
 ACCOUNT NUMBER: 45718025

TEST	RESULT	LIMITS	LAB
Bilirubin, Total	0.3 mg/dL	0.1 - 1.2	01
Bilirubin, Direct	0.13 mg/dL	0.00 - 0.40	01
Alkaline Phosphatase, S	88 IU/L	25 - 150	01
> AST (SGOT)	148 H IU/L	0 - 40	01
> ALT (SGPT)	80 H IU/L	0 - 55	01
Lipid Panel			
Cholesterol, Total	131 mg/dL	100 - 199	01
Triglycerides	100 mg/dL	0 - 149	01
> HDL Cholesterol	33 L mg/dL	>39	01
Comment			01

According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

VLDL Cholesterol Cal 20 mg/dL 5 - 40
 LDL Cholesterol Calc 78 mg/dL 0 - 99

HCV RT-PCR, Quant (Non-Graph)

Hepatitis C Quantitation 02
 766,760 IU/mL
 HCV log10 5.885 log10 IU/mL 02

Test Information:

The reportable range for this assay is 43 to 69,000,000 IU HCV RNA/mL.

HCV Genotyping Non Reflex

Hepatitis C Genotype 1b See Note 02

This assay can detect the six (6) major HCV Genotypes and their most common subtypes.

Several clinical studies have demonstrated that Genotype 1 HCV may be more refractory to interferon monotherapy as well as to interferon plus ribavirin combination therapy. Sustained response rates are increased for Genotype 1 infected patients when therapy is given for 48 weeks instead of 24 weeks.

Please note:

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration. 02

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Pat Name: RIGGLEMAN, TERRY Pat ID: 375733 Spec #: 078-501-3037-0 Seq #: 8864

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.23.00

SA000297

11/14/2008 8:48:51 AM
TO:NURSEFROM: IBCORP LCLS BLK TO: 4347672292
ATTN:Nottoway Correction Center

LABCORP LCLS BLK Page 9 of 12 A

LabCorp
Laboratory Corporation of AmericaLabCorp Burlington
1447 York Court
Burlington, NC 27215-3361

Phone: 888-200-5439

Specimen Number 318-778-0100-0		Patient ID 375733		Control Number	Account Number 45510030	Account Phone Number 434-767-5543	Route 90
Patient Last Name RIGGLEMAN				Account Address Nottoway Correction Center Medical Dept Lab Ex 5251 PO Box 488 Burkeville VA 23922			
Patient First Name TERRY		Patient Middle Name					
Patient SS#	Patient Phone	Total Volume					
Age (Y/M/D) 32/10/14	Date of Birth 12/30/75	Sex M	Fasting No				
Patient Address				Additional Information			
Date and Time Collected 11/13/08 08:15	Date Entered 11/13/08	Date and Time Reported 11/14/08 08:48ET		Physician Name	NPI	Physician ID MILITANA	
Tests Ordered CMP12+8AC; CBC With Differential/Platelet							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP12+8AC					
Chemistries					01
Glucose, Serum	134	High	mg/dL	65 - 99	01
Uric Acid, Serum	6.9		mg/dL	2.4 - 8.2	01
BUN	14		mg/dL	5 - 26	01
Creatinine, Serum	0.86		mg/dL	0.76 - 1.27	01
Glom Filtr Rate, Est	>59		mL/min/1.73	>59	
Please note reference interval change					
If African-American	>59		mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.					
BUN/Creatinine Ratio	16			8 - 27	
Sodium, Serum	139		mmol/L	135 - 145	01
Potassium, Serum	4.0		mmol/L	3.5 - 5.2	01
Chloride, Serum	100		mmol/L	97 - 108	01
Calcium, Serum	9.5		mg/dL	8.5 - 10.6	01
Phosphorus, Serum	2.4	Low	mg/dL	2.5 - 4.5	01
Protein, Total, Serum	7.3		g/dL	6.0 - 8.5	01
Albumin, Serum	4.6		g/dL	3.5 - 5.5	01
Globulin, Total	2.7		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.6		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	119		IU/L	25 - 150	01
LDH	135		IU/L	100 - 250	01
AST (SGOT)	82	High	IU/L	0 - 40	01
ALT (SGPT)	86	High	IU/L	0 - 55	01
GGT	98	High	IU/L	0 - 65	01
Iron, Serum	92		ug/dL	40 - 155	01
Lipids					01
Cholesterol, Total	133		mg/dL	100 - 199	01
Triglycerides	66		mg/dL	0 - 149	01

RIGGLEMAN, TERRY	375733	318-778-0100-0	Seq # 0264
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FINAL REPORT

Page 1 of 2

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SA000307

11/14/2008 8:48:51 AM FROM ABCORP LCLS BLK TO: 4347672292 LABCORP LCLS BLK Page 10 of 12 A
 TO:NURSE ATTN:Nottoway Correction Center

LabCorp
 Laboratory Corporation of America

LabCorp Burlington
 1447 York Court
 Burlington, NC 27215-3361

Phone: 888-200-5439

Patient Name					Specimen Number		
RIGGLEMAN, TERRY					318-778-0100-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
45510030	375733		11/13/08 08:15	11/14/08	M	32/10/14	12/30/75
TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB		

CBC With Differential/Platelet

WBC	4.1		x10E3/uL	4.0 - 10.5	01
RBC	4.76		x10E6/uL	4.10 - 5.60	01
Hemoglobin	14.8		g/dL	12.5 - 17.0	01
Hematocrit	43.5		%	36.0 - 50.0	01
MCV	91		fL	80 - 98	01
MCH	31.0		pg	27.0 - 34.0	01
MCHC	33.9		g/dL	32.0 - 36.0	01
RDW	12.7		%	11.7 - 15.0	01
Platelets	282		x10E3/uL	140 - 415	01
Neutrophils	44		%	40 - 74	01
Lymphs	41		%	14 - 46	01
Monocytes	10		%	4 - 13	01
Eos	4		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	1.8		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	1.7		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.4		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01

01 BN LabCorp Burlington Dir: William F Hancock, MD
 1447 York Court, Burlington, NC 27215-3361
 For inquiries, the physician may contact Branch: 800-762-4344 Lab: 888-200-5439

M. [Signature]
 11/24/08

RIGGLEMAN, TERRY	375733	318-778-0100-0	Seq # 0264
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FINAL REPORT

Page 2 of 2

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SA000308

Augusta Health
78 Medical Center Drive
Fishersville, VA 22939

Augusta RECEIVED
HEALTH NOV 30 2015
MEDICAL

Department of Radiology
(540) 332-4400
(540) 932-4400

1000538
David C MacDonald DO
Augusta Correctional Center, 1821 Estaline Valley Rd
Craigsville, VA 24430

Patient: RIGGLEMAN, TERRY	Acct #: M00063779128 Status: REG CLI	MR #: M0398745
Tech: RAD.A2M	Age/Sex: 39M	Loc: MRI
Report#: 1120-0436	Phys: David C MacDonald DO	Pat phone #: (540)997-7000
Report Source: Nuance	Dict. Date: 11/20/15 1703	

Status of this Report is Signed
Please note that Reports in Draft Status are not Final Reports

Report is final after physician e-signature

Date of Service: 11/20/15 Dictating Physician: David C Ratliff MD
Exam(s): 1120-0028 MRI/MRI * Spine Canal Lumbar w/o
DOB: 12/30/1975
Confidential Report: N
Diagnosis: LT LUMBAR PAIN
Reason for Exam: LT LUMBAR PAIN

Study: Lumbar spine MRI dated 11/20/2015 at 1557 hours.

Comparison: No previous available

History: Back pain

Technique: Multiple MR sequences were obtained through the lumbar spine before and after administration of contrast.

Findings:

5 nonrib-bearing lumbar vertebral bodies are identified. Alignment is anatomic. Vertebral body and intervertebral disc space height is well maintained throughout. Mild disc desiccation at L4-L5. The conus terminates at the L1 vertebral body level. No abnormal signal in the visualized distal cord.

L1/L2: Mild broad-based disc bulge. No canal stenosis or neuroforaminal narrowing.

L2/L3: No canal stenosis or neuroforaminal narrowing.

Ordering Physician copy
Page 1 of 2

RADIOLOGY REPORT

Signed

Dale Moreno, MD
Dale Moreno, MD

Patient: RIGGLEMAN, TERRY	Acct #: M00063779128
Unit #: M0398745	Report #: 1120-0436
DOB: 12/30/1975	

L3/L4: Left posterior lateral disc bulge which may be contacting the exiting left L3 nerve root.

L4/L5: Broad-based disc bulge which is causing mild bilateral neuroforaminal narrowing

L5/S1: No canal stenosis or neuroforaminal narrowing.

The visualized soft tissue structures are unremarkable.

Impression:

Mild disc disease. The exiting left L3 nerve root may be contacted in the neural foramen.

Electronically signed by: David C Ratliff, MD
Date/Time signed: 11/20/15 1709

C: David C MacDonald DO

Ordering Physician copy
Page 2 of 2

RADIOLOGY REPORT

Signed

[Signature] 12/1/15
Dale Moreno, MD

Augusta Health
78 Medical Center Drive
Fishersville, VA 22939

1000538
Augusta
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Department of Radiology
MEDICAL (540) 332-4400
(540) 992-4400

David C MacDonald DO
Augusta Correctional Center, 1821 Estaline Valley Rd
Craigsville, VA 24430

Patient: RIGGLEMAN, TERRY	Acct #: M00063779128 Status: REG CLI	MR #: M0398745
Tech: RAD.K1M	Age/Sex: 39M	Loc: MRI
Report#: 1120-0470	Phys: David C MacDonald DO	Pat phone #: (540)997-7000
Report Source: Nuance	Dict. Date: 11/20/15 1923	

Status of this Report is Signed
Please note that Reports in Draft Status are not Final Reports

Report is final after physician e-signature

Date of Service: 11/20/15 Dictating Physician: David C Ratliff MD
Exam(s): 1120-0125 DXR/DXR Lumbosacral Spine 2-3 View
DOB: 12/30/1975
Confidential Report: N
Diagnosis: LT LUMBAR PAIN
Reason for Exam: TO CORRELATE TODAY'S MRI - LT LUMBAR PAIN

TERRY RIGGLEMAN

M0398745

DXR Lumbosacral Spine 2-3 View

History: 39 years old Male. TO CORRELATE TODAY'S MRI - LT LUMBAR PAIN.

Comparison: MRI lumbar spine obtained also 11/20/2015.

FINDINGS:

There 5 nonrib-bearing lumbar-type vertebral bodies. There is straightening of the lumbar spine which is likely related to positioning. No listhesis or fracture. Mild multilevel endplate changes.

IMPRESSION:

Ordering Physician copy
Page 1 of 2

RADIOLOGY REPORT

Signed

Dale Moreno
Dale Moreno, MD

Patient: RIGGLEMAN, TERRY	Acct #: M00063779128
Unit #: M0398745	Report #: 1120-0470
DOB: 12/30/1975	

Mild spondylitic changes.

Electronically signed by: David C Ratliff, MD
Date/Time signed: 11/20/15 1926

C: David C MacDonald DO

Ordering Physician copy
Page 2 of 2

RADIOLOGY REPORT

Signed


Dale Moreno, MD



GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN MACDONALD, DAVID	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201507947612	CONTROL NO. 739805
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 07/03/2015 10:20	DATE RESULTED 07/13/2015 20:39
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Abnormal Summary					
MPV	11.0				
ALK PHOS	49	SGPT/ALT	51		

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
ANA SCREEN WITH RFLX				Col: 07/03/2015		Status: F

ANA SCREEN WITH RFLX	NEGATIVE			NEGATIVE		
WESTERGREN SED RATE				Col: 07/03/2015		Status: F
WESTERGREN SED RATE	0			0-15	MM/HR	0

CBC				Col: 07/03/2015		Status: F
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PLATELET COUNT	264			150-400	TH/CUMM	237
WHITE BLOOD COUNT	5.84			4.0-10.0	TH/CU MM	5.93
ABSOLUTE NEUTROPHIL CT	2.31			1.56-8.10	x10-3/uL	3.21
NEUTROPHILS	39.6			39-81	%	54.1

DIFFERENTIAL MAY BE AFFECTED BY THE AGE OF THE SPECIMEN.
SUGGEST REPEAT TESTING IF CLINICALLY INDICATED

LYMPHOCYTE	48.8			14-51	%	38.5
MONOCYTES	5.1			0-13.3	%	5.1
EOSINOPHIL	4.3			0-8	%	1.5
BASOPHILS	0.3			0-2	%	0.9
RED BLOOD CELLS	4.72			4.41-5.51	M/CU MM	5.25
HEMOGLOBIN	14.5			13.5-17.5	G/DL	16.2
HEMATOCRIT	44.2			41-53	%	49.9
MCV	93.6			80-105	FL	95.0
MCH	30.7			27-33	PG	30.9
MCHC	32.8			31-37	G/DL	32.5
RDW	12.3			11.5-14.5	%	13.0
MPV	11.0	H		7.4-10.4	FL	10.0

CMP				Col: 07/03/2015		Status: F
-----	--	--	--	-----------------	--	-----------

ALBUMIN	4.2			3.5-5.5	G/DL	4.0
ALK PHOS	49	LL		53-128	U/L	55
TOTAL BILIRUBIN	0.6			0.2-1.2	MG/DL	0.6
BUN	11			7-18	MG/DL	13
CALCIUM	9.6			8.4-10.7	MG/DL	9.2

Director: Lorenz P. Kielhorn, MD

Printed: 07/22/2015 09:25

Continued on Next Page

Printed By: Hayes, Ellise

pg: 1

SA000054

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ORDERING PHYSICIAN MACDONALD, DAVID	NAME RIGGLEMAN, TERRY	SEX M	ACCESSION NO. 201507947612	CONTROL NO. 739805
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320	DATE COLLECTED 07/03/2015 10:20	DATE RESULTED 07/13/2015 20:39
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538		

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
CHLORIDE	105			98-107	MEQ/L	104
CREATININE, SERUM	0.97			0.7-1.3	MG/DL	0.85
GFR (NON-AFR AMER)	92			60-300	ML/MIN	107
GFR (AFR AMER)	111			60-300	ML/MIN	129
GLUCOSE	94			70-105	MG/DL	130
POTASSIUM	4.7			3.5-5.1	MEQ/L	4.0
TOTAL PROTEIN	6.8			6.0-8.3	G/DL	6.7
SODIUM	140			136-145	MEQ/L	141
CARBON DIOXIDE	24			22-33	MEQ/L	30
SGOT/AST	39			15-40	U/L	48
SGPT/ALT		51	H	7-45	U/L	66

RA				Col: 07/03/2015	Status: F
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RA	LESS THAN 10			0-10	IU/ML
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ANKYLOSING SPONDYLITIS GENOTYPING				Col: 07/03/2015	Status: F
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ANKYLOSING SPONDYLITIS
GENOTYPING SEE BELOW

TEST NAME	RESULT	RESULT FLAG	REFERENCE INTERVAL
Ankylosing Spondylitis (HLA-B27) Genotyping			
HLAB27 Specimen	WHOLE BLOOD		
Ankylosing Spondylitis (HLAB27)	NEGATIVE		

Indication for testing: Assess genetic risk for
ankylosing

spondylitis.

The sample is negative for HLA-B27.

This result has been reviewed and approved by Elaine
Lyon, Ph.D.BACKGROUND INFORMATION: Ankylosing Spondylitis
(HLA-B27) Genotyping

CHARACTERISTICS: Ankylosing spondylitis (AS) is a chronic inflammatory disease that primarily causes pain and inflammation of the joints between the vertebrae of the spine and the sacroiliac joints. Inflammation and pain may occur in other parts of the body as well. HLA-B27 is strongly associated with ankylosing spondylitis (AS) as well as with Reiter syndrome, anterior uveitis, psoriatic arthritis, and inflammatory bowel disease. INCIDENCE: Greater than 90

Director: Lorenz P. Kielhorn, MD

Printed: 07/22/2015 09:25

Continued on Next Page

Printed By: Hayes, Ellise

pg: 2

SA000055



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Status: FINAL

ORDERING PHYSICIAN MACDONALD, DAVID	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201507947612	CONTROL NO. 739805
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 07/03/2015 10:20	DATE RESULTED 07/13/2015 20:39
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
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percent of patients with AS are HLA-B27 positive compared to 5-10 percent of the general population.
PENETRANCE: Two to eight percent of individuals with HLA-B27 will develop AS.

METHODOLOGY: Polymerase chain reaction (PCR) and fluorescent hybridization probes.

ANALYTICAL SENSITIVITY and SPECIFICITY: 99 percent
LIMITATIONS: Rare alleles present in less than 1 percent of most populations will not be detected. Diagnostic errors can occur due to rare sequence variations.

This test is performed pursuant to an agreement with Roche Molecular System, Inc.
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement C: aruplab.com/CS

Test(s) performed at:
ARUP Laboratories
500 Chipeta Way

Director: Lorenz P. Kielhorn, MD

Printed: 07/22/2015 09:25

-- End of Report --

Printed By: Hayes, Ellise

Pg: 3

SA000056

EXHIBIT 3E

epicsrvccshscmail.mcc.virginia.edu 434-243-5770 Page 2

Riggleman, Terry (MR # 2116343) DOB: 12/30/1975

Encounter Date: 05/08/2018

Riggleman, Terry

MRN: 2116343

Description: 42 year old male

Progress Notes

Encounter Date: 5/8/2018

Scott Cornella, MD Gastroenterology

DIGESTIVE HEALTH CLINIC

REASON FOR VISIT:

1. Rectal bleeding

REFERRING PHYSICIAN: Diane Landauer, M.D.

HISTORY OF PRESENT ILLNESS: Terry Riggleman is a 42 y.o. male with a history of HCV referred to the University of Virginia Digestive Health Center for evaluation of abdominal pain and rectal bleeding.

Mr. Riggleman tells me that starting in October of 2017 he started developing rectal bleeding. He describes large volume bright red blood a few times per week. He reports no issues with constipation (has one soft bowel movement daily) and no pain with defecation. No diarrhea, no known weight loss. He reports a family history of colon cancer in his maternal grandfather in his 80's which prompted his mother to undergo colonoscopy in her early 50's with removal of 7-8 polyps. He has never had a colonoscopy before.

He additionally reports right sided abdominal pain. This has been a long standing issue and resulted in a cholecystectomy in 2009. Pain did not improve following this and he ultimately underwent an EGD in 2010 which was unremarkable. He still reports continued mild right sided abdominal pain. Worse with bowel movements. He has no issues with reflux, dysphagia, or odynophagia.

Mr. Riggleman additionally has chronic HCV genotype 1B which he says he first found out about in 2005. He thinks it was acquired by tattoo. He says he gets twice yearly lab work at the jail which has reportedly been notable for a mild hepatitis but he does not think any abnormalities in platelet count, bilirubin, or INR. No episodes of jaundice, abdominal swelling, encephalopathy.

PAST MEDICAL AND SURGICAL HISTORY:

Past Medical History:

Diagnosis	Date
• Hepatitis C	

Past Surgical History:

Procedure	Laterality	Date
• CHOLECYSTECTOMY		

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig
• gabapentin (NEURONTIN) 800	Take 800 mg by mouth 2 times daily.
MG tablet	
• Magnesium Oxide (MAG-OX)	Take by mouth daily.
400 PO)	

No current facility-administered medications for this visit.

Riggleman, Terry (MR # 2116343) Printed by Scott Cornella, MD [50443] at 5/8/18 3:28 PM

Page 1 of 4

Conc. by
VISHAKANTIAH
5-10-18, 0750 am.

SA000867

EXHIBIT 3E
584

SP1001vcens@mail.mcc.virginia.edu 434-243-5770 Page 3

Riggleman, Terry (MR # 2116343) DOB: 12/30/1975
 Scott Cornella, MD (continued) Gastroenterology

Encounter Date: 05/08/2018

ALLERGIES:

No Known Allergies

FAMILY HISTORY:

Family History

Problem	Relation	Age of Onset
• Colon Polyps	Mother	
• Colon Cancer	Maternal Grandfather	

SOCIAL HISTORY:

Social History

Social History	
• Marital status:	Single
• Spouse name:	N/A
• Number of children:	N/A
• Years of education:	N/A

Occupational History	
• Not on file.	

Social History Main Topics	
• Smoking status:	Former Smoker
• Smokeless tobacco:	Never Used
• Alcohol use	No
• Drug use:	Not on file
• Sexual activity:	Not on file

Other Topics	
• Not on file	Concern

Social History Narrative	
• No narrative on file	

REVIEW OF SYSTEMS:

Pertinent ROS noted in HPI and all other systems are negative

PHYSICAL EXAMINATION:

VITAL SIGNS:

Visit Vitals

• BP	(I) 146/100 (BP Location: Right arm, Patient Position: Sitting, BP Cuff Size: Adult; Adult - Large)
• Pulse	(I) 8
• Temp	36.6 °C (97.9 °F) (Oral)
• Resp	20
• Ht	1.702 m (5' 7")
• Wt	95.7 kg (211 lb)

Riggleman, Terry (MR # 2116343) Printed by Scott Cornella, MD [50443] at 5/8/18 3:28 PM

Page 2 of 4

SA000868

EXHIBIT 3E

... 5:07:31 PM epic@hscmail.mcc.virginia.edu 434-243-5770 Page 4

Riggleman, Terry (MR # 2116343) DOB: 12/30/1975

Encounter Date: 05/08/2018

Scott Cornella, MD (continued) Gastroenterology• BMI 33.05 kg/m²Body mass index is 33.05 kg/(m²).GENERAL: Alert, oriented, cooperative and no distress notedHEENT: Normocephalic, mucous membranes were pink and moist and sclera were anicteric, the oral mucosa had no erythema and no buccal mucosal lesions. Dentition was intact. The neck is supple, without lymphadenopathy or thyromegaly.CARDIOVASCULAR: Normal rate and regular rhythm; S1, S2 normal, no murmurs, rubs or gallops.PULMONARY: Clear to auscultation, with good air entry throughout. No wheezes, rales or rhonchi.ABDOMEN: Normal bowel sounds. Soft, nondistended, nontender. No rebound or guarding. No hepatosplenomegaly.EXTREMITIES: Normal and without clubbing, cyanosis or edema.NEUROLOGIC: Alert and oriented x 3; non-focal exam. CNs II-XII grossly intact.SKIN: No rashes.PSYCH: Appropriate affect.LABORATORY DATA:

Outside Labs

4/6/17

HCV genotype 1B, 3210779 copies

ENDOSCOPIC DATA:

6/15/10 EGD

Impression:

1. Normal EGD

IMAGING, STUDIES, AND OTHER TESTING:

9/12/17 RUQ US

Impression:

1. No hepatic mass
2. Status post cholecystectomy. Normal caliber common duct. Echogenic area at the gallbladder fossa level may represent a surgical clip
3. Normal kidneys

IMPRESSION: Mr. Riggleman is a 42 y.o. male with a history of chronic HCV (genotype 1b) who presents today for evaluation of rectal bleeding and abdominal pain.

RECOMMENDATIONS:

1) Rectal bleeding: has been ongoing for about 6 months, described as large volume bright red blood with defecation a few times per month. He has a family history notable for colon cancer in his maternal grandfather and colon polyps in his mother. Differential for his bleeding includes diverticulosis, hemorrhoids, AVM, IBD, or bleeding from an alternate structural lesion (polyps, malignancy). We will plan on colonoscopy to further evaluate.

- Colonoscopy
- Golytely prep

2) Dyspepsia: long standing history of right sided abdominal pain status post cholecystectomy. Had a normal EGD in 2010 and symptoms have not really changed since this time. Would recommend repeat trial of PPI.

- Omeprazole 20 mg daily; instructed on proper use

3) Chronic HCV; genotype 1b, known since 2005. No known history of cirrhosis. Will ask for recent labs to assess for any evidence of portal hypertension or synthetic dysfunction and recommend scheduling fibroscan to evaluate for fibrosis.

- Fibroscan

Riggleman, Terry (MR # 2116343) Printed by Scott Cornella, MD [50443] at 5/8/18 3:28 PM

Page 3 of 4

SA000869

PLAINTIFF'S EXHIBIT 3E

5/8/2018 8:07:53 PM epic@hscmail.mcc.virginia.edu 434-243-5770 Page 5

Rigglesman, Terry (MR # 2116343) DOB: 12/30/1975

Encounter Date: 05/08/2018

Scott Cornella, MD (continued) Gastroenterology

-
- Obtain most recent CBC, BMP, Hepatic Function Panel, INR
 - Would recommend treating hepatitis C

Thank you for allowing us to provide care for this patient. This patient was seen and discussed with the attending physician, Dr. Doran

Scott Cornella, M.D.
GI/Hepatology Fellow

CC: Diane Landauer
CC: John Marsh

Office Visit on 5/8/2018

VIRGINIA
DEPARTMENT OF CORRECTIONS

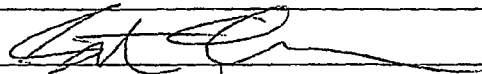
Health Services Consultation Report 720_F23_7-12

Health Services Consultation Report

PLEASE BILL TO ANTHEM

Sending Facility:	ACC	Date:	05/08/2018
Offender Name:	Riggleman, Terry	Offender #:	1000538
SS#:	230-21-4145	DOB:	12/30/1975
T/D:			
Allergies:	See MARS		
Current Medications:	See MARS		
Referred By:	Dr. Landauer	Referred To:	UVA Digestive Health
Medical Complaint:	RLQ discomfort, nausea		

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:	Rectal bleed
Lab or X-ray Results:	
Diagnosis:	① Rectal bleeding ② Dyspepsia ③ HCV genotype 1B
Treatment and Medications Recommended:	① Colonoscopy ; Golytely 4L bowel prep ② Daily PPI (omeprazole 20mg QD) ; take 30-60 mins before meal ③ Please send recent lab work ④ Liver Fibroscan to evaluate for cirrhosis. ⑤ Treat HCV
Restrictions:	
Consulting Physician:	
Date:	5-8-18
Follow-up appointment date and time:	① Nocturnal VISHA ANANTHAH 5-8-18, 04:00 pm

Revision Date: 1/17/07

SA000871

09/12/2017 Tue 16:46

Dynamic Mobile Imaging 804-282-1773

ID: #283299 Page 1 of 1



Phone: 866-483-9729

FAX: 804-282-1773

PATIENT REPORT

1000538

PATIENT NAME: Riggleman, Terry
DATE OF BIRTH: 12/30/1975
PATIENT ID: 92462
FACILITY: Augusta Correctional Center
ROOM #: Clinic

DATE OF SERVICE: 09/12/2017
REFERRING PHY.: Landauer, Diane
TECHNOLOGIST: Dawn Hartmann RDMS
INTERPRETING COMPANY: Meridian Radiology

Results Document ID: 209901

PROCEDURE: 76700 - US, ABDOMINAL, B-SCAN AND/OR REAL TIME W/IMAGE DOCUMENTATION, COMPLETE

FINDINGS: Correlative Films Provided: NONE
Findings:
Pancreas is normal. The patient is status post cholecystectomy. The common duct is 4 mm.
There is normal hepatic echotexture. The liver 16.1 cm. There is no mass.
Right kidney is 11.2 x 4.9 x 4.3 cm. Left kidney is 10.7 x 5.3 x 4.9 cm. There is no solid mass or stone or hydronephrosis. Abdominal aorta and IVC is normal. Spleen is 10.8 cm and is normal.
Echogenic area seen in the gallbladder fossa may represent surgical clip.

IMPRESSIONS: Impression:
1. No hepatic mass.
2. Status post cholecystectomy. Normal caliber common duct. Echogenic area at the gallbladder fossa level may represent surgical clip.
3. Normal kidneys.

ELECTRONICALLY SIGNED
End of Report

INTERPRETING DOCTOR: LLOYD WAGNER MD

ELECTRONICALLY SIGNED: LLOYD WAGNER MD Tue, Sep 12, 2017 16:36:38 EDT

9/13/17
Lloyd Wagner

1100 Welborne Road, 3rd Floor Henrico, VA 23229

Page 1 of 1

SA000897

Amonette, Mark S. (VADOC)

From: Shipp, Ella (VADOC)
Sent: Wednesday, December 27, 2017 4:22 PM
To: Amonette, Mark S. (VADOC)
Subject: Riggleman # 1000538
Attachments: Scan.pdf

I have attached the requested labs, we have not done a PT/INR since last March.

From: Kishpaugh, Catherine (VADOC)
Sent: Wednesday, December 27, 2017 11:13 AM
To: Shipp, Ella (VADOC) <Ella.Shipp@vadoc.virginia.gov>
Subject: Scan

C. Kishpaugh
Medical Administrative Assistant
Mediko
Augusta Correctional Center
540-997-3610

EXHIBIT 3-1

Chronic Disease Clinic Follow-Up

urnate Name:	Biggleman Terry
Number:	1000538
Institution:	ACC

List chronic diseases:

1) HCV	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications: See MAR / sapphireSubjective: Hydro Wm for CCC

Asthma: # attacks in last month?	Seizure disorder: # seizures since last visit?
# short acting beta agonist canisters in last month?	Diabetes mellitus: # of hypoglycemic reactions since last visit?
# times awakening with asthma symptoms per week?	Weight loss/gain <u>↓ 10</u> #lbs
CV/hypertension (Y/N): Chest pain?	SOB?
Palpitations?	Ankle edema?
HIV/HCV (Y/N): Nausea/vomiting?	Abdominal pain/swelling?
Diarrhea?	Rashes/lesions?

For all diseases, since last visit, describe new symptoms:

Mother @ P. Myers CF Chronic
C/O R mid to lower abdominal pain

Patient adherence (Y/N): with medications? Y with diet? Y with exercise? Y

Vital signs: Temp 98.8 BP 130/93 Pulse 86 Resp 16 Wt 206 lbs PEFR 165 INR 0.2 Sat 95% O₂

Lab: Hgb A1C 10.0 HIV VL 1.0 CD4 165 Total Chol 165 LDL 165 HDL 165 Trig 165

Range of fingerstick glucose/BP monitoring:

PE: Abdominal pain

HEENT/neck: <u>unremarkable</u>	Extremities: <u>normal</u>
Heart: <u>RRR</u>	Neurological: <u>normal</u>
Lungs: <u>clear</u>	GU/rectal: <u>normal</u>
Abdomen: <u>Mild R mid to lower abdominal discomfort</u>	Other: <u>Mild R inguinal swelling/discomfort</u>

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1. <u>Hepatitis C</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes:

Diagnostics:

Labs: Glucose x 3 (Store), Routine UA Dipstick, CBC, CMPMonitoring: BP: X day/week/month Glucose: X day/week/month Peak flow: X Other: On HbA1cEducation provided: ☒ Nutrition ☒ Exercise ☒ Smoking ☐ Test results ☐ Medication management ☐ Other: On HbA1cReferral (list type): Specialist: Chronic care program ACC US WAM# days to next visit? ☐ 90 ☐ 60 ☐ 30 ☐ Other: Today Discharged from CCC: [name] Chronic HopeAdvance Level Provider Signature: [Signature]Date: 8/28/2017

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SA000876

EXHIBIT 3-1

Chronic Disease Clinic Follow-Up

Inmate Name:	Rigglesman, Terry
Number:	1000538
Institution:	ACC

List chronic diseases:

1) HCV	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications: See MR Sapphire

Subjective: 42yr old WM for CCC

Asthma: # attacks in last month?	Seizure disorder: # seizures since last visit?
# short acting beta agonist canisters in last month?	Diabetes mellitus: # of hypoglycemic reactions since last visit?
# times awakening with asthma symptoms per week?	Weight loss/gain ↓ 0 lbs
CV/hypertension (Y/N): Chest pain?	SOB?
Palpitations?	Ankle edema?
HIV/HCV (Y/N): Nausea/vomiting? 0	Abdominal pain/swelling? 8
Diarrhea? 8	Rashes/lesions? 8

For all diseases, since last visit, describe new symptoms:

Still has some intermittent hematochezia
 but has been improved for GI evaluation
 Pain in Back & Leg improved on Neurontin

Patient adherence (Y/N): with medications? 4 with diet? 4 with exercise? 4

Vital signs: Temp 98.3 BP 135/88 Pulse 82 Resp 14 Wt 213 lbs PEFR 02 sat 95% at

Labs: Hgb A1C HIV VL CD4 Total Chol LDL HDL Trig

Range of fingerstick glucose/BP monitoring:

PE: Great w/d male 5'3" in N1 Aunts distress

HEENT/neck: Normal	Extremities: 0 edema
Heart: RRR	Neurological: Intact
Lungs: Clear	GU/rectal:
Abdomen: Soft, nontender	Other: 2nd male pen with Radiation pen to left foot

Assessment:

	1	2	3	4	Degree of Control				Clinical Status				
					G	F	P	NA	I	S	W	NA	
	1 Hepatitis C												

Plan:

Medication changes:

Diagnostics:

Labs: CMP APRIL 2018

Monitoring: BP: X day/week/month Glucose: X day/week/month Peak flow: Other:

Education provided: ☐ Nutrition ☒ Exercise ☐ Smoking ☐ Test results ☐ Medication management ☐ Other:

Referral (list type): Specialist: Chronic care program:

days to next visit? ☐ 90 ☐ 60 ☐ 30 ☒ Other: 150 days Discharged from CCC: [name]

Advance Level Provider Signature:

Date:

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Noted
 V Hall
 3-1-18 3:30 pm

4:10 pm

SA000882